

Name
in
Full

CERTIFICATE OF DEATH

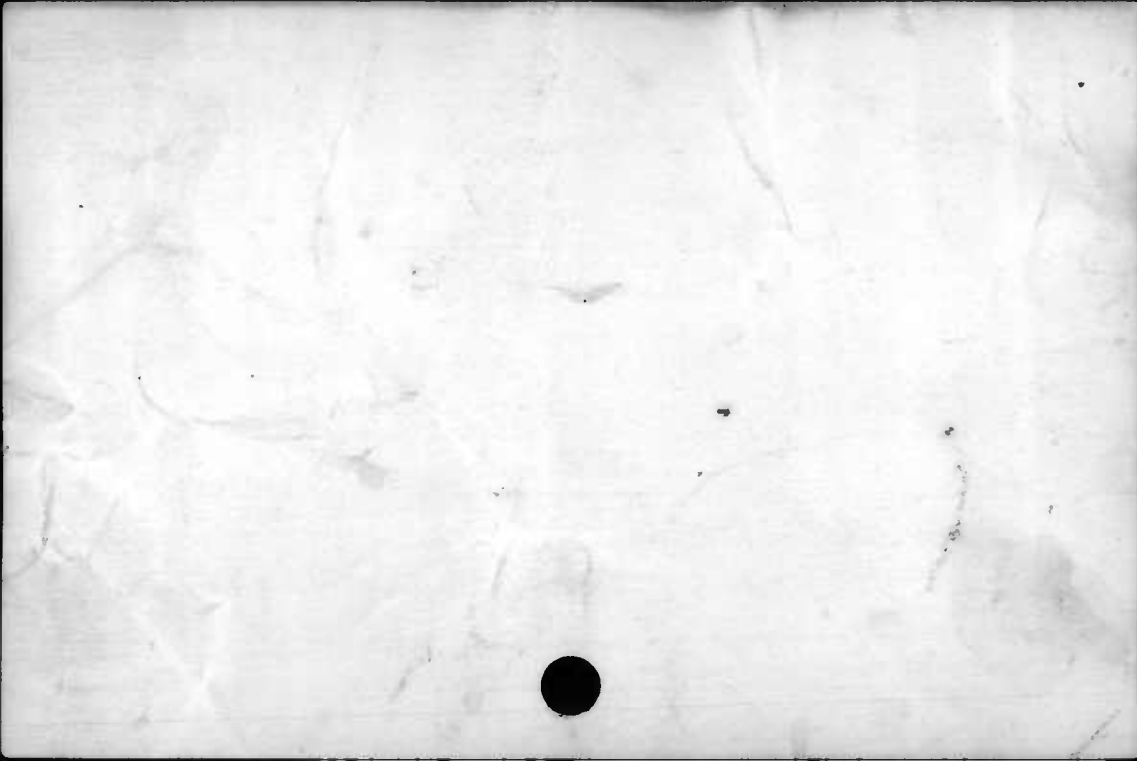
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary A. Adams</i>		Town <i>West Warfieldsbury</i>		County <i>Carroll</i>		MARYLAND	
Died at		Month <i>Aug</i>		Day <i>5</i>		Years <i>78</i>	
Date of death <i>1905</i>		Months <i>8</i>		Days <i>10</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Carroll Co. Md</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Geo Adams Head</i>					
Father's Name <i>Samuel Robinson</i>		Father's Birthplace <i>Carroll Co. Md</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace					
Name of person giving information <i>Elisrael Adams</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>one week</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. L. Pratt</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mary Ann Angell
York Road Carroll

MARYLAND

Date

of death

1905

Month

8

Day

6th

Age

Years

84

Months

14

Days

9

Sex

Female

Color or
Race

White

Birth-
place

Frederick Co

Occupation

House Wf

Where Residing if not
at place of death

York Road

Married, Single
or Widowed

Unmarried

Name of Wife or
Husband

Samuel Angell Sr

Father's
Name

John Snook

Father's
Birthplace

Frederick Co

Mother's
Maiden Name

Catherine Kemby

Mother's
Birthplace

"

Name of person giving
information

Fannie K Valerini

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Smile Decay

How long

3 mo.

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. H. Brown M.D.

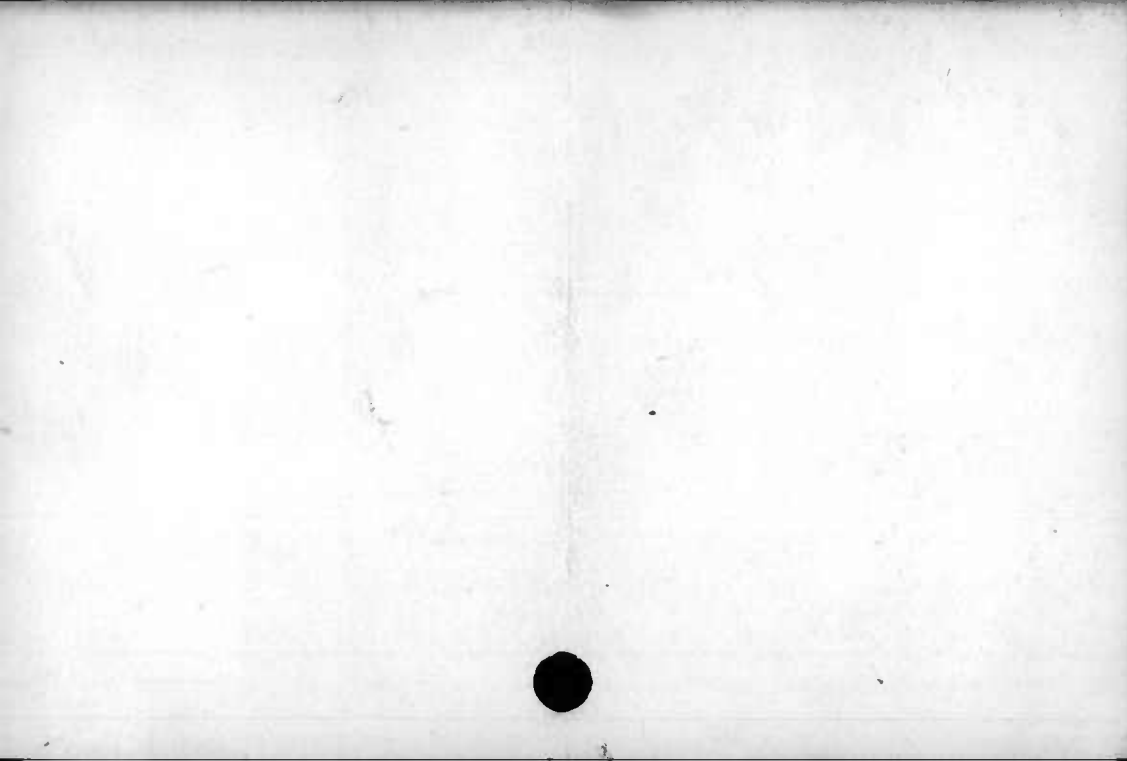
Address

Union Bridge
Carroll Co.

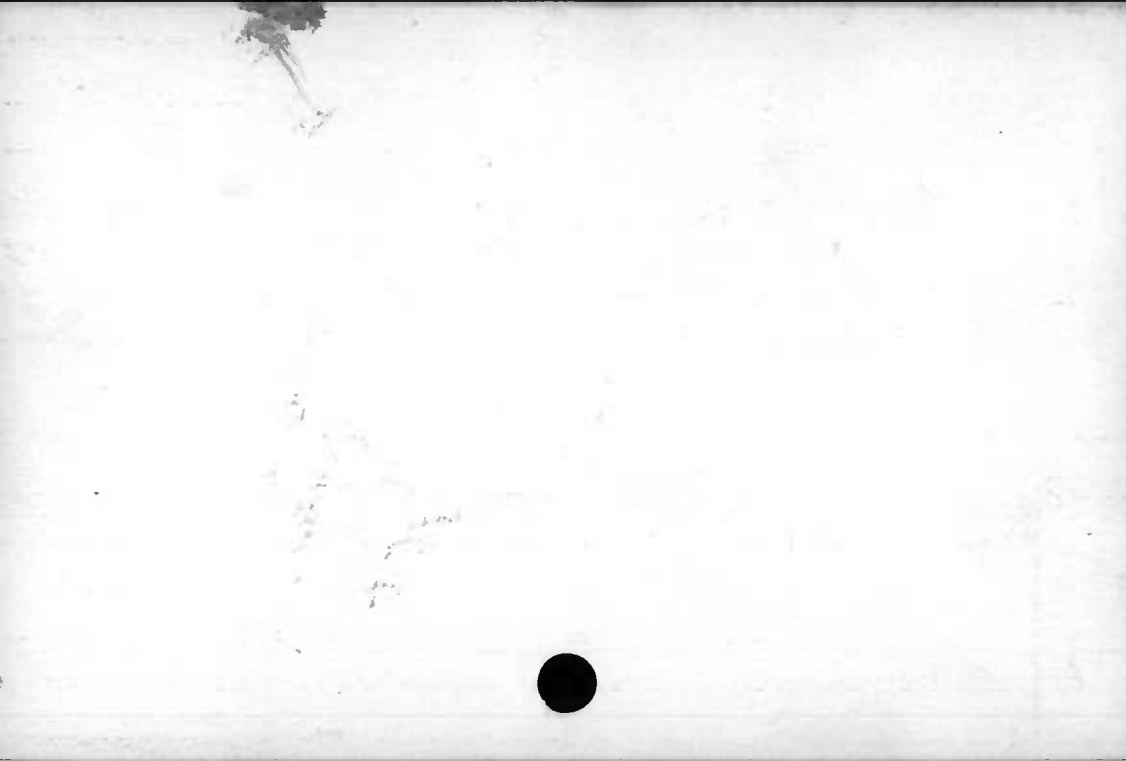
Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name in Full		John F. Auer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Sykesville		^{County} Carroll		MARYLAND	
		Date of death 1905		Month Aug		Day 14	
		Age 36		Years 10		Months 5	
		Sex Male		Color or Race white		Birth-place Balto Co, Md	
		Occupation Florist		Where Residing if not at place of death			
		Married, Single or Widowed Married		Name of Wife or Husband Ella O. Auer			
		Father's Name August Auer		Father's Birthplace Germany			
Mother's Maiden Name Fredricka Richmond		Mother's Birthplace Germany					
Name of person giving information Ella O. Auer		How related to deceased wife					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Typhoid Fever -				How long 2 1/3 days	
		Immediate Collapse - Failure of Heart				How long	
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician Daniel B. Trecher	
		Address Sykesville Md					
Accident or Suicide?							



Name
in
Full

Baker

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Finksburg

Date

1905

Month

Aug

Day

16

Age

Years

—

Months

3

Days

Sex

Male

Color or
Race

White

Birth-
place

Finksburg

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Leonard Baker

Father's
Birthplace

Carroll Co

Mother's
Maiden Name

Alice M. Hagy

Mother's
Birthplace

Carroll Co

Name of person giving
Information

Harry Chaplin

How related
to deceased

None

CAUSES OF DEATH

Primary

Cholera Infusum

How long

1 mo.

Immediate

Mal-nutrition

How long

3 wks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. M. Glade

Address

Reisterstown Md,

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Magdelene Barnhart

CERTIFICATE OF DEATH

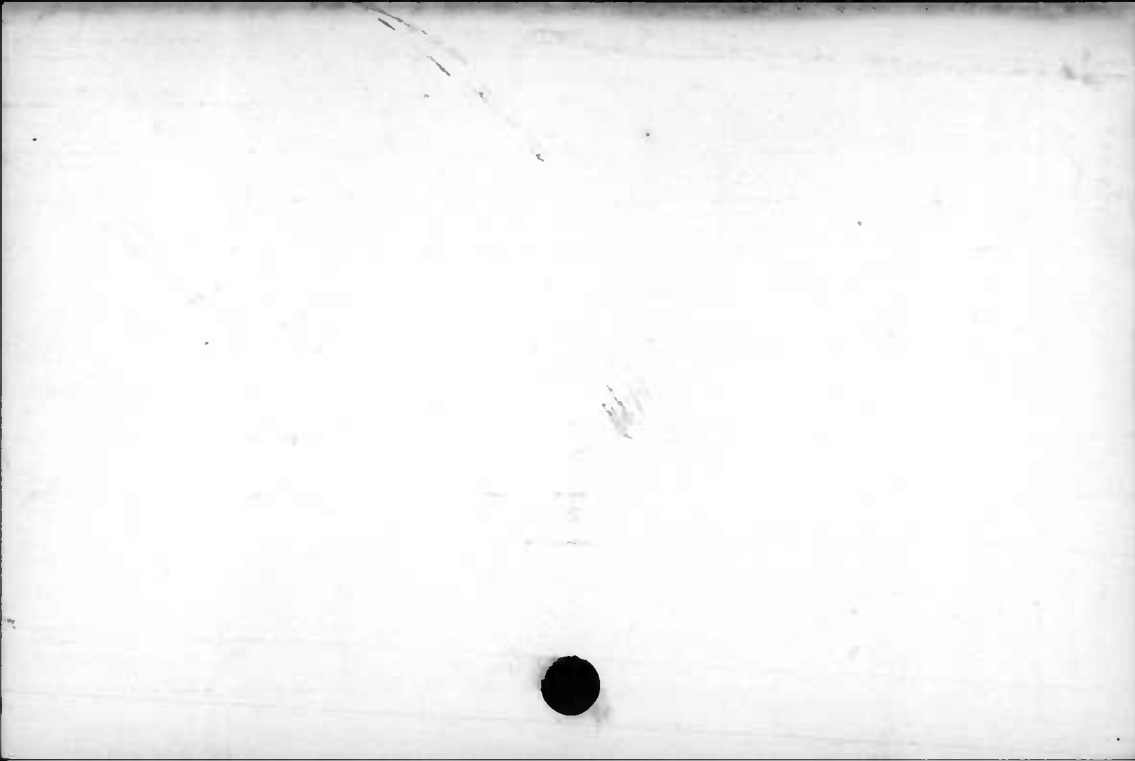
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster		^{County} Carroll		MARYLAND	
Date of death	1905	Month	Aug	Day	17
Age		Years	2	Months	10
Sex		Female	Color or Race	Colored	Birth-place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name		Louis Barnhart		Father's Birthplace	
Mother's Maiden Name		Mary E. Owens		Mother's Birthplace	
Name of person giving information		Louis Barnhart		How related to deceased	
				Father	

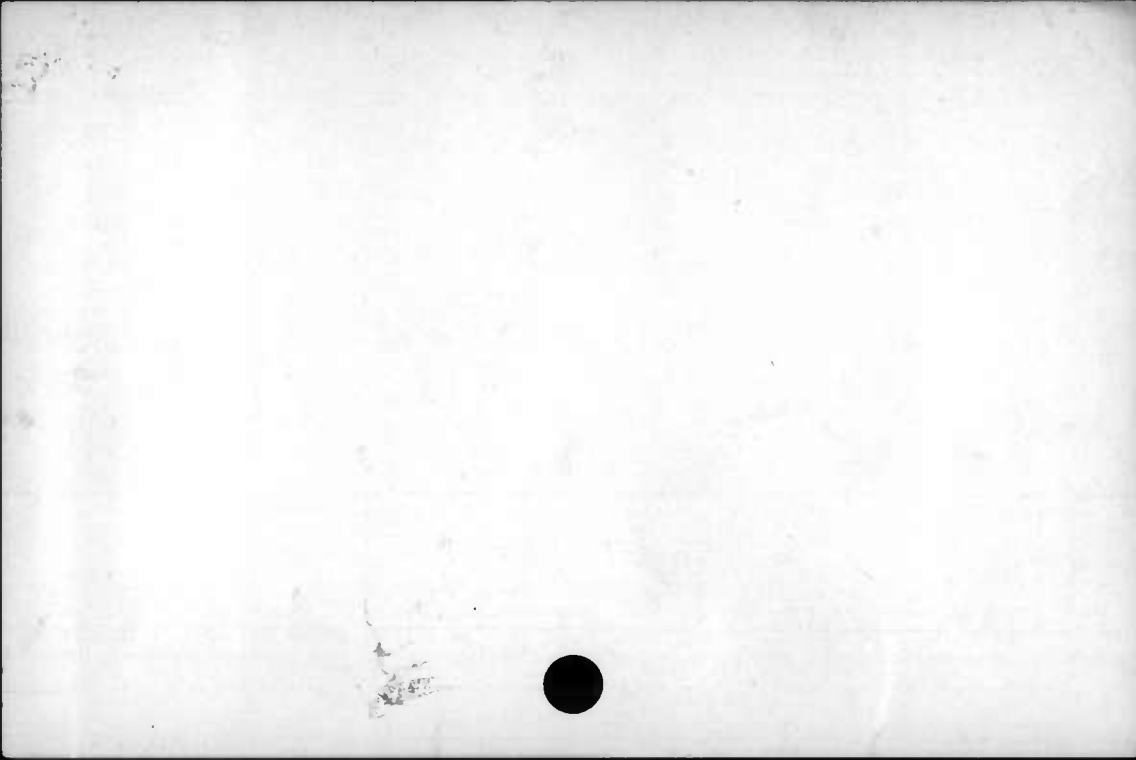
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	13	How long	8 weeks
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Chas R. Fournier M.D.	
			Address	
			Westminster	
			Md.	
Accident or Suicide?				



Name in Full		Cynt Beach				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt. Airy		County Carroll		MARYLAND	
	Date of death 190	5	Month August	Day 27	Age —	Years 9	Months —
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed		Single		Occupation		—
	Name of Wife or Husband						
	Father's Name						
PHYSICIAN OR CORONER	Harry E. Beach				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
	Mrs Beach				Mother —		
	CAUSES OF DEATH						
	Primary				How long		
Malnutrition				6 months —			
Immediate				How long			
Measles				10 days —			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
yes				Henry P. Parker			
Address				Mt. Airy —			
Accident or Suicide?				Carroll Co —			
No —				—			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Thomas Lee Beacham* Town *Arundale* County *Carroll*

Died at *Arundale* Maryland

Date of death *1905 Aug 3* Age *—* Months *—* Days *12*

Sex *Male* Color or Race *white* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *James W Beacham* Father's Birthplace *MD*

Mother's Maiden Name *Nellie Shingluff* Mother's Birthplace *"*

Name of person giving information *James W Beacham* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Hæmorrhage of bowels* How long *2 days*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. T. King*

Address *West...*

Accident or Suicide? *—*

Shover
Westminster - Conn

Name
in
Full

Eugene Brehm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Airy</i>		County <i>Carroll</i>		MARYLAND		
Date of death 190 <i>5</i>		Month <i>August</i>	Day <i>20</i>	Age <i>Years</i>	Months <i>4</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information <i>Henry P. Parker</i>				How related to deceased <i>Not related</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Henry P. Parker</i>	
		Address <i>Garrett Sanatorium</i>	
Accident or Suicide? <i>No</i>		<i>Mt. Airy - Md.</i>	



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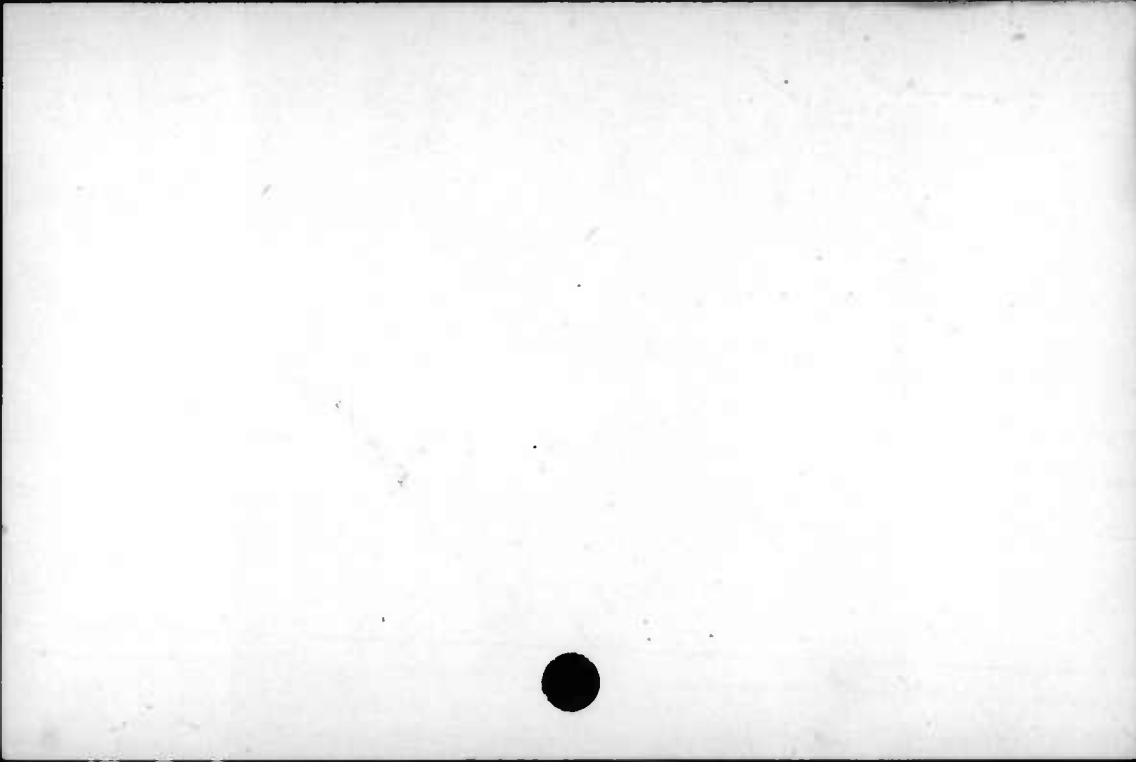
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Not ainy</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Aug</i> ^{Month}	<i>8</i> ^{Day}	Age <i>72</i> ^{Years}	<i>11</i> ^{Months}	<i>25</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co, Md</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>_____</i>				
Married, Yes <i>Widowed</i>	Name of Wife or Husband <i>Joanna Burall</i>				
Father's Name <i>Simon Burall</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Grimes</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Joanna Burall</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>3 wks</i>
Immediate <i>"</i>	How long <i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. E. Grimes</i>
	Address <i>Not ainy Md</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Mrs. John G. Burghman.

CERTIFICATE OF DEATH

Died at *Manchester* ^{Town}*Carroll* ^{County}

MARYLAND

Date
of death 1905

Month

Aug

Day

19

Age

Years

84

Months

21

Days

Sex

*Female*Color or
Race*White*Birth-
place*Hagerstown*

Occupation

*Housekeeper*Where Residing if not
at place of death*Manchester*Married, Single
or WidowedName of Wife or
Husband*John G. Burghman*Father's
Name*John Laub*Father's
Birthplace*Germany*Mother's
Maiden Name*Mary Gessel*Mother's
Birthplace*Germany*Name of person giving
Information*Hertie Burghman*How related
to deceased*Daughter in law*

CAUSES OF DEATH

Primary

Apoplexy

How long

one minute

Immediate

in

How long

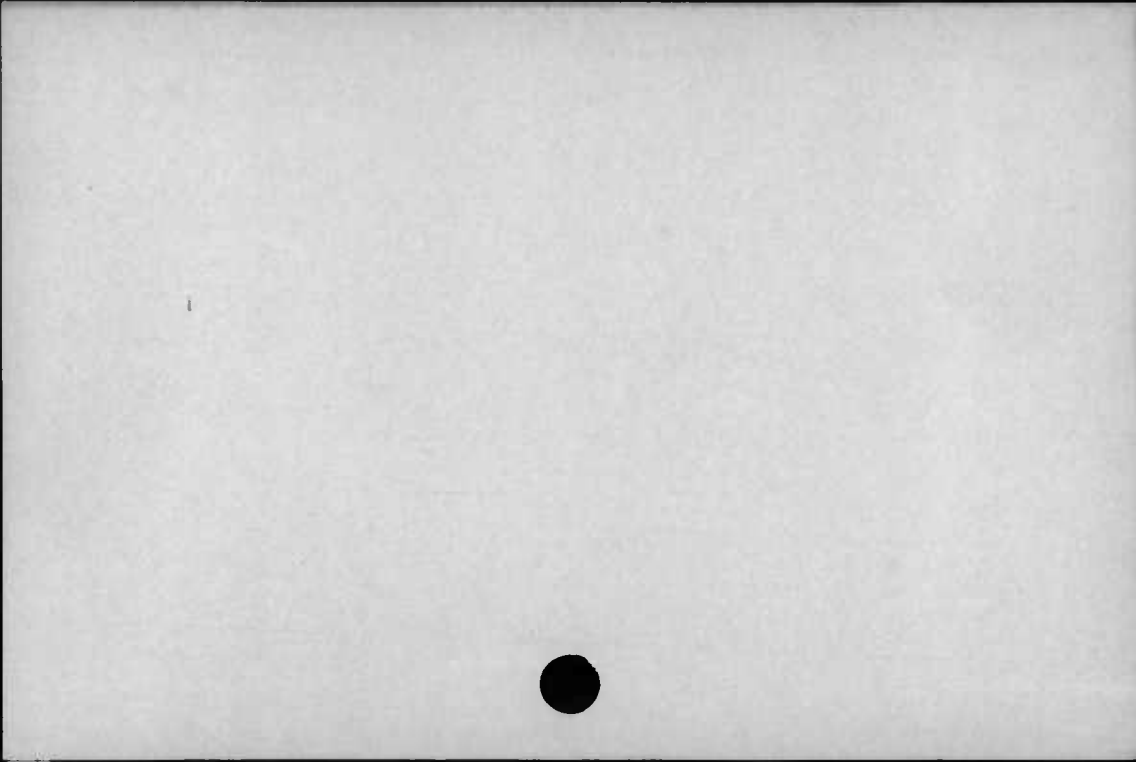
*in*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. H. Preston M.D.
Manchester*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Granville E. Caple

CERTIFICATE OF DEATH

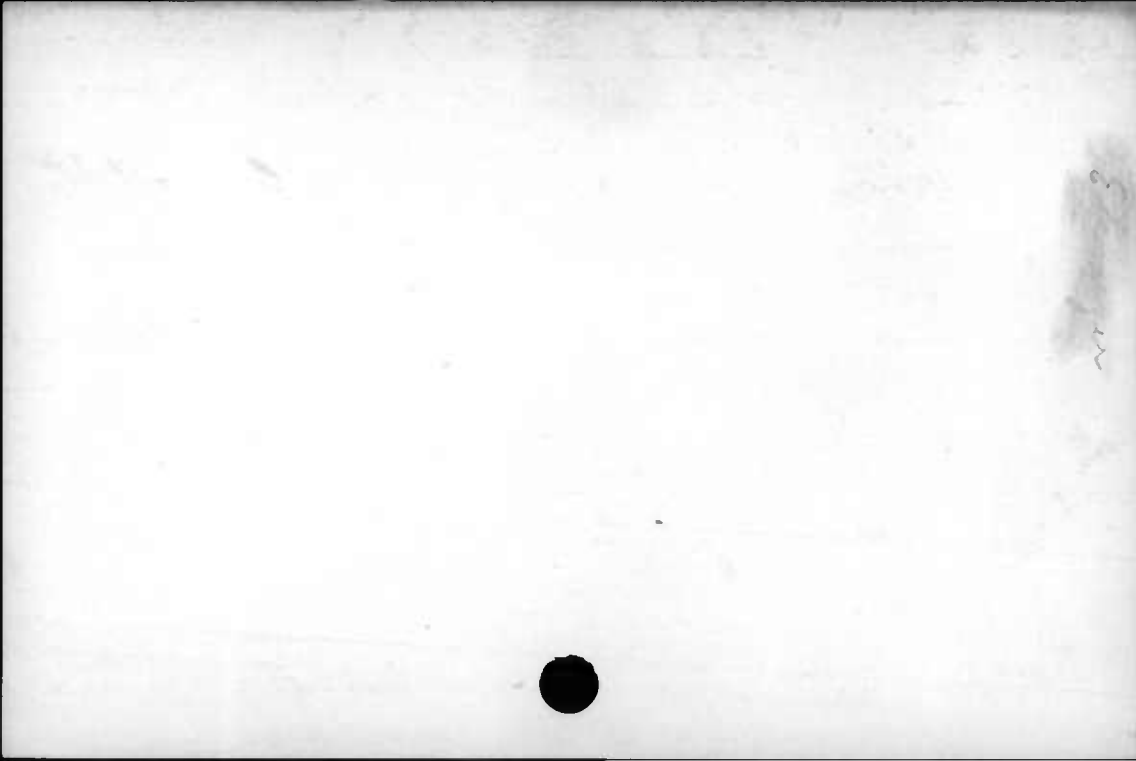
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Winfield		County Carroll		MARYLAND	
Date of death		1905	Month 8	Day 11	Age Years 25	Months 8	Days 14
Sex Male		Color or Race White		Birth- place Carroll Co.,			
Occupation Laborer		Where Residing if not at place of death Winfield, Md.					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name William Caple		Father's Birthplace Balt. Co.,					
Mother's Maiden Name Annie Steu		Mother's Birthplace Carroll Co.,					
Name of person giving information William Caple		How related to deceased Father,					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Two yrs.
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. D. Crank
yes		Address	Winfield Md.
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Month		Day		Years		Months		Days	
		Date of death 1905		August		21 st		Age		9			
		Sex		Female		Color or Race		White		Birth-place		Ontario Dist	
		Married, Single or Widowed				Occupation							
		Name of Wife or Husband											
		Father's Name				Raymond P. Clary				Father's Birthplace			
Mother's Maiden Name				Emma C. Clary				Mother's Birthplace				Trenton's County	
Name of person giving information				Esther E. Hobbs				How related to deceased				Aunt	
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary						How long					
		Cholera infantum						4 Days					
		Immediate											
		Brain Fever											
		Are the name, age, sex, color, date and place correctly given above?						yes					
						Signature of Physician							
						Address							
						237 Lewis							
Accident or Suicide?						Under taken							



Name
in
Full

Lawrence Collins

CERTIFICATE OF DEATH

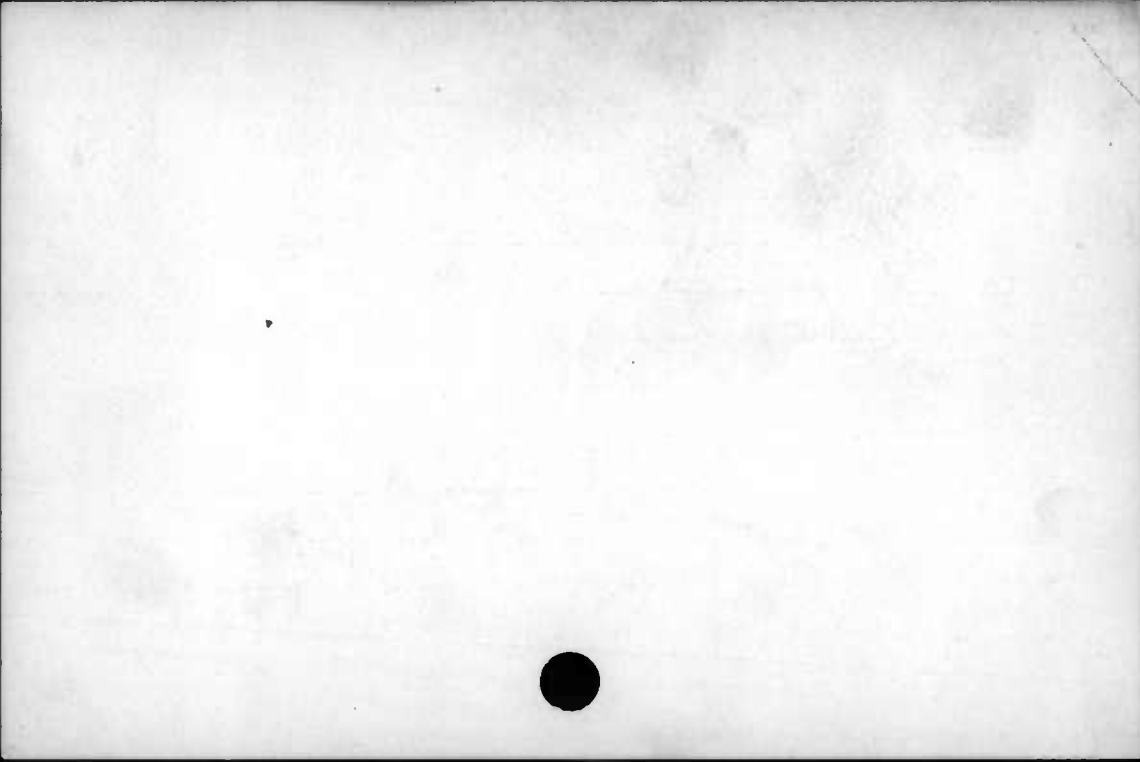
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Exley</i> Town		County <i>Carroll</i>		MARYLAND		
Date of death	<i>1905</i> Month <i>aug</i>	Day <i>3</i>	Age _____	Years _____	Months <i>10</i>	Days _____
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place _____			
Occupation _____	Where Residing if not at place of death _____					
Married, Single or Widowed <i>single</i>	Name of Wife or Husband _____					
Father's Name <i>Mr. Collins</i>	Father's Birthplace _____					
Mother's Maiden Name _____	Mother's Birthplace _____					
Name of person giving information _____	How related to deceased _____					

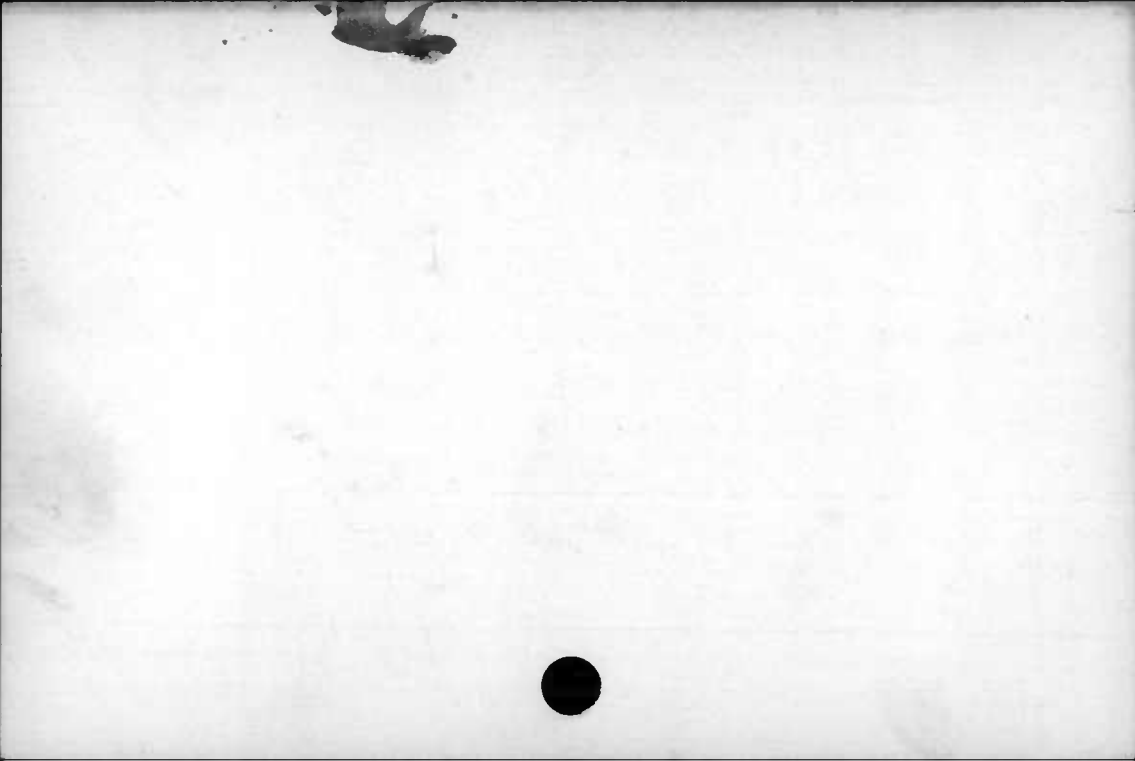
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>Since birth</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter B. Platt M.D.</i>
	Address <i>802 Cathedral St. Balt. Md.</i> <i>also Garrett Sanitarium Md.</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Westminster		Carroll		MARYLAND			
		Date of death		1905 Aug 1		Age 80		Months		Days	
		Sex		Male		Color or Race		White		Birth-place	
		Occupation		Shoemaker		Where Residing if not at place of death				Ireland	
		Married, Single or Widowed		Married		Name of Wife or Husband		Sarah V. J. Beaver			
		Father's Name		Michael. Doyle		Father's Birthplace		Ireland			
		Mother's Maiden Name		Catherine Doyle		Mother's Birthplace		"			
		Name of person giving information		Michael. Doyle		How related to deceased		Son			
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Intestinal Obstruction				How long		17 days	
		Immediate		Heart Failure				How long		(100)	
		Are the name, age, sex, color, date and place correctly given above?		yes.				Signature of Physician		Thos. J. Connor M.D.	
								Address		Westminster	
		Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Warfieldsburg</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month <i>8</i>	Day <i>1</i>	Age <i>81</i>	Years <i>81</i>	Months <i>11</i>	Days <i>1</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farming</i>		Where Residing if not at place of death <i>Warfieldsburg</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E. Duvall</i>					
Father's Name <i>Beall Duvall, deceased</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Amelia Glass deceased</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Alvin L. Duvall</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Endo-Carditis</i>	How long <i>79</i>
Immediate <i>Debility -</i>	How long <i>Six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Brown</i>
	Address <i>New Windsor Md.</i>
Accident or Suicide?	

Stone Chapter

Name
in
Full

CERTIFICATE OF DEATH

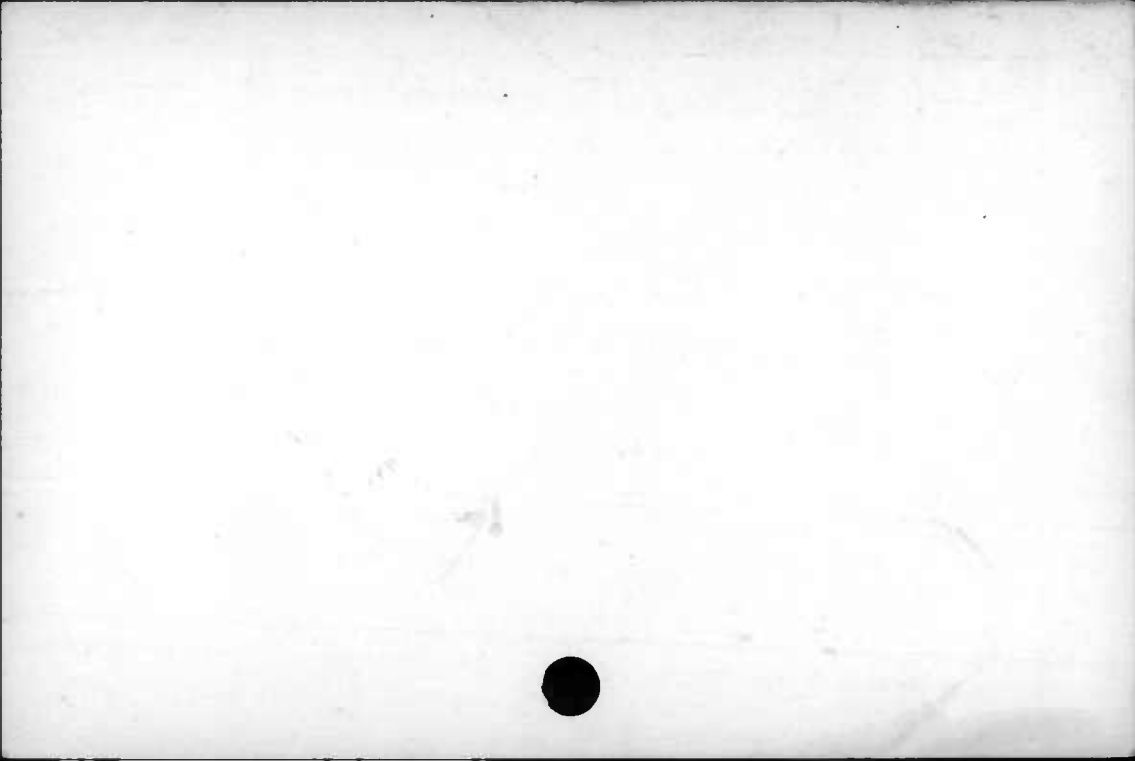
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Carrie Ecker</i>		Town <i>Weldon</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Weldon</i>		Month <i>Aug</i>		Day <i>23</i>		Years <i>30</i>	
Date of death <i>1905</i>		Month <i>Aug</i>		Day <i>23</i>		Years <i>30</i>	
Sex <i>Female</i>		Color or Race <i>W.</i>		Birth-place <i>Ind</i>		Months <i>5</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Weldon</i>		Days <i>23</i>			
Married, Single or Widowed <i>M.</i>		Name of Wife or Husband <i>Emory Ecker</i>		Father's Name <i>G. M. Long</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Emma Pickitt</i>		Name of person giving information <i>Charles Nicodemus</i>		Mother's Birthplace <i>Ind</i>		How related to deceased <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Toxemia</i>	How long	<i>6 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. Brooks M.D.</i>
		Address	<i>Maraton Ind. Carroll County,</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ann Fleagle

Died at *Fryzelburg*

County *Carroll*

MARYLAND

Date of death *1905- Aug*

Day *23*

Age *65*

Months *7*

Days *22*

Sex *Female*

Color or Race *White*

Birth-place *Carroll Co*

Occupation *—*

Where Residing if not at place of death

Married, Single or Widowed *Widow*

Name of Wife or Husband *—*

Father's Name *Don't know*

Father's Birthplace *—*

Mother's Maiden Name *—*

Mother's Birthplace *—*

Name of person giving information *Eray Hauser*

How related to deceased *Son in law*

CAUSES OF DEATH

Primary *Old age*

How long *—*

Immediate *Dropsey*

How long *3 Mos.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James M. Storer*

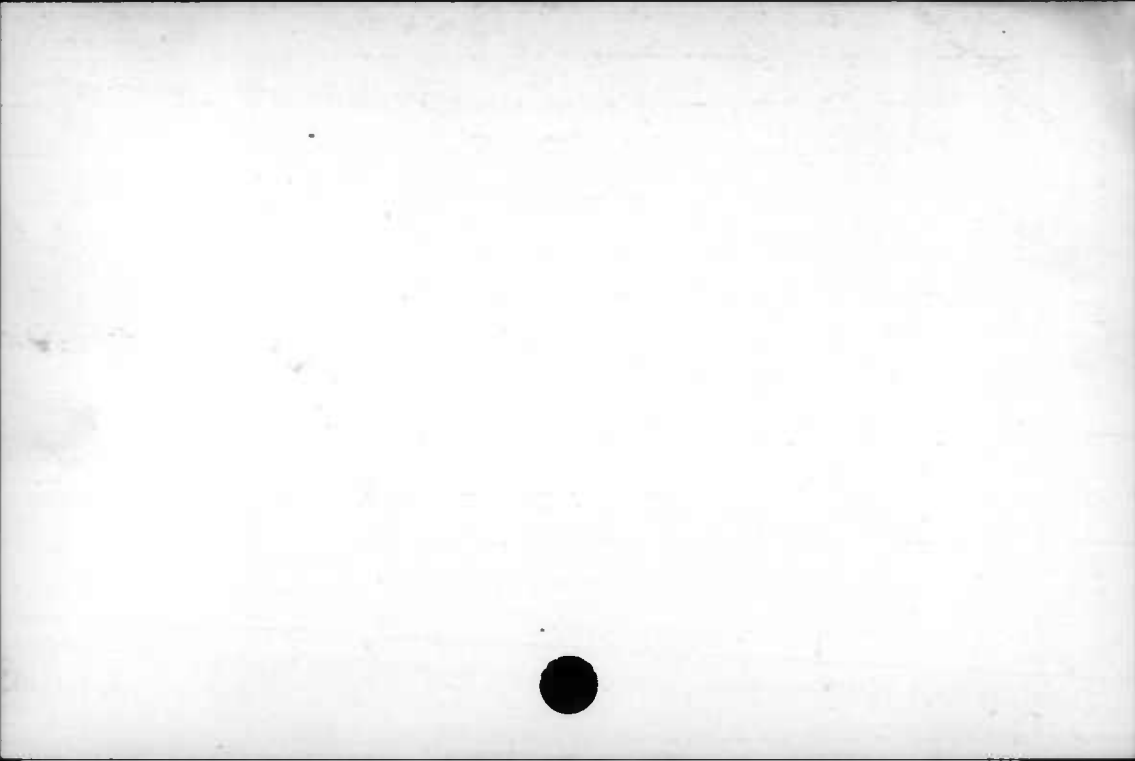
Address *Westminster Md.*

Accident or Suicide? *—*

PHYSICIAN
OR CORONER

Bavist Church

Name in Full		George Washington Gardner				CERTIFICATE OF DEATH	
		Town Westminster		County Carroll		MARYLAND	
Died at		Date of death		Age		Months	
		1905 Aug 26		77		10	
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation		Where Residing if not at place of death					
Retired Farmer		Union Bridge					
Married, Single or Widowed		Name of Wife or Husband					
Married		Theadocia Sowers					
Father's Name		Father's Birthplace					
Nimrod Gardner		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Catharine E. Buckingham		Do					
Name of person giving information		How related to deceased					
Byrdle E. Warner		daughter					
CAUSES OF DEATH							
Primary		How long					
Old age		2 weeks					
Immediate		How long					
Capillary Bronchitis		2 weeks					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Jas. H. Rillingbro					
		Address					
		Westminster Md.					
Accident or Suicide?							
no							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Alfred P Garner* County *Carroll* State *MARYLAND*
 Died at *Barkhill*
 Date of death *1905* Month *8* Day *1* Age *65* Years Months *8* Days *25*
 Sex *Male* Color or Race *White* Birth-place *Ind*
 Occupation *Retired Farmer* Where Residing if not at place of death
☒ Single ☐ Married ☐ Widowed Name of Wife or Husband

Father's Name *John Garner* Father's Birthplace *Mod*
 Mother's Maiden Name *Elizabeth Garner* Mother's Birthplace *Mod*
 Name of person giving information *Gasper Garner* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Senile Dementia* How long *Several years*
 Immediate *Cardiac Complications* How long

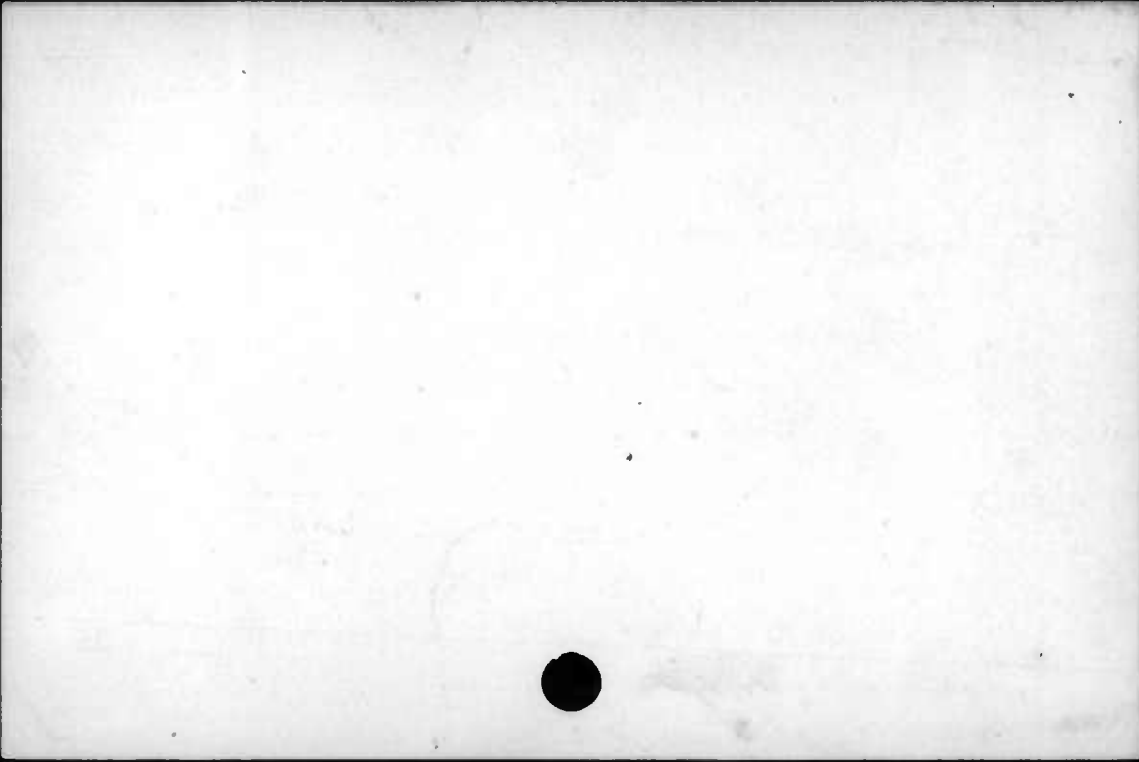
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Sarah Jane Grunadier

Town

County

MARYLAND

Died at *Westminster*

Carroll

Date

Month

Day

Years

Months

Days

of death *1905*

Aug

29

Age

44

—

22

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of ~~Widow~~
Husband

Martin Grunadier

Father's
Name

Andrew Fowler

Father's
Birthplace

Maryland

Mother's
Maiden Name

Catharine E. Loby

Mother's
Birthplace

do.

Name of person giving
In formation

William Fowler

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 yrs

Immediate

Aspiration

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Wendell

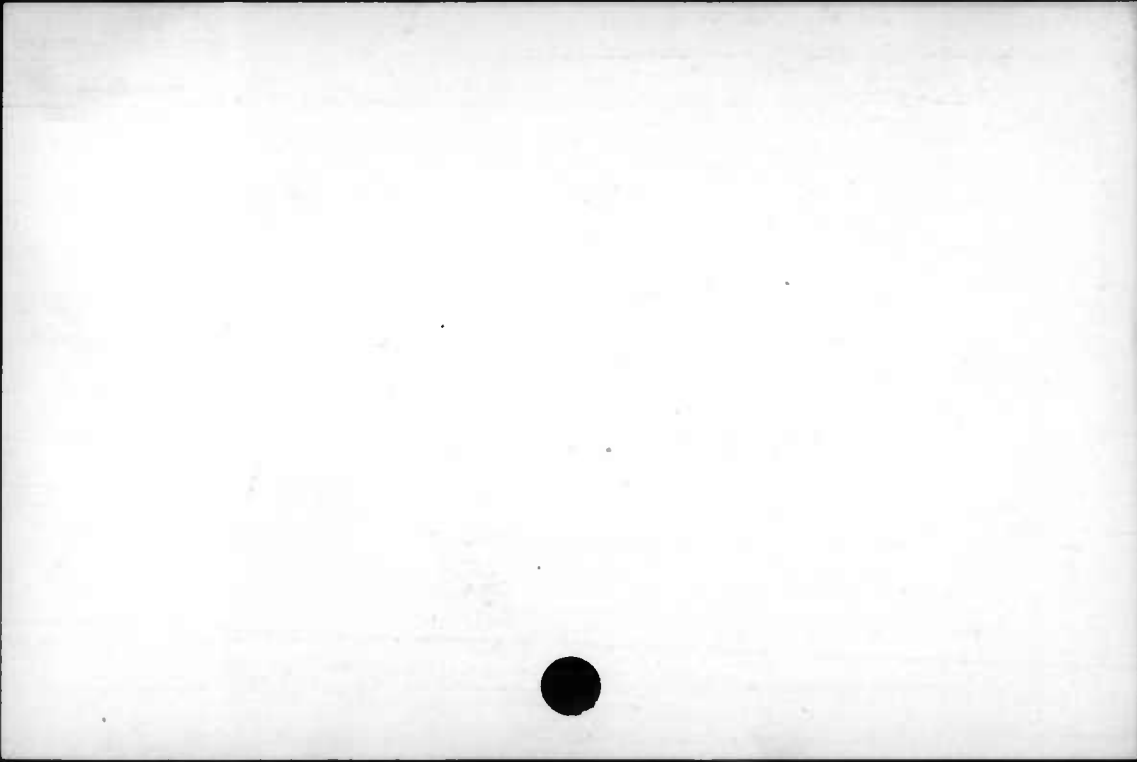
Address

Westminster

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Silver Run* ^{Town}*Carroll* ^{County}Date
of death *1905*Month *8*Day *31*Age *17*

Years

Months *8*Days *9*Sex *Female*Color or
Race *White*Birth-
place *Pleasant Valley*Occupation *—*Where Residing if not
at place of death *—*☒ Married, Single
or WidowedName of Wife or
Husband *—*Father's
Name *P. P. Helwig*Father's
Birthplace *Carroll Co*Mother's
Maiden Name *Martha Shiner*Mother's
Birthplace *Carroll Co*Name of person giving
In formation *Martha Helwig*How related
to deceased *Mother*

CAUSES OF DEATH

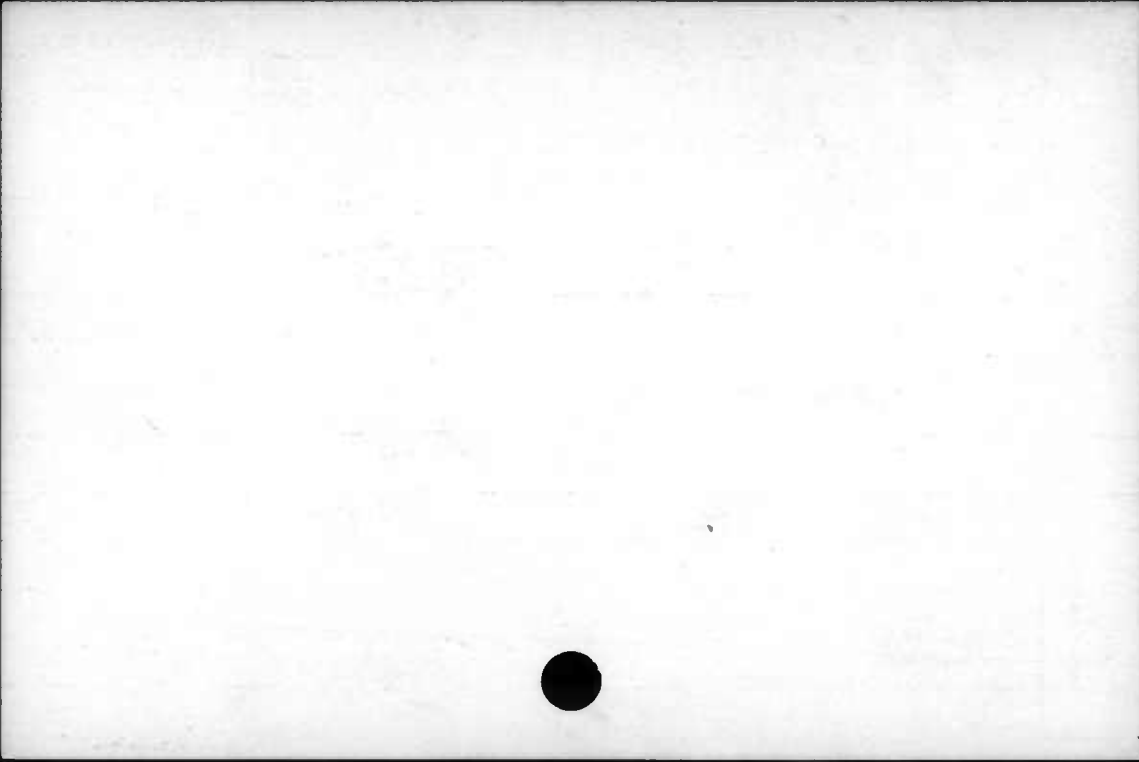
Primary *Convulsions*How long *Since birth*Immediate *—*

How long

Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Dr. J. S. Yegoroff*Address *Silver Run Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Oliver L. Hoover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baughman bldg</i>		Town <i>Corral</i>		County		MARYLAND	
Date of death <i>1904</i>	Month <i>August</i>	Day <i>26</i>	Age <i>65</i>	Years	Months <i>9</i>	Days <i>16</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Baughman</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Home</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rebecca Hoover</i>						
Father's Name <i>Joseph Hoover</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>S</i>	Mother's Birthplace <i>Idaho</i>						
Name of person giving information <i>Rebecca Hoover</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Articular Rheumatism</i>	How long <i>Ten years</i>
Immediate <i>Emphysema</i>	How long <i>4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Weston M.D.</i>
	Address <i>Manchester</i>
Accident or Suicide? <input checked="" type="checkbox"/>	

Name

in
Full

Mary A. a Hann

CERTIFICATE OF DEATH

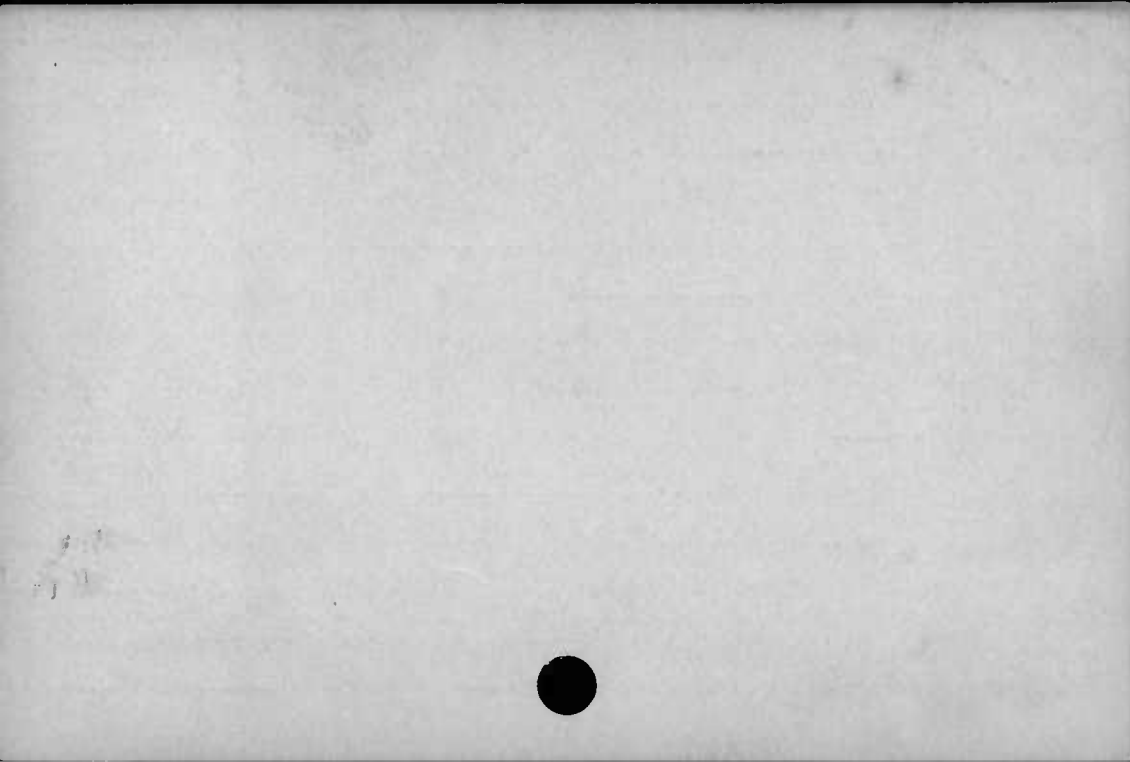
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middleburg</i> ^{Town}		County <i>Cornell</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>31</i>	Age <i>69</i>	Months <i>1</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Middleburg</i>			
Occupation			Where Residing if not at place of death <i>Middleburg</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Thomas Hann</i>		Father's Birthplace <i>Cornell Co</i>			
Mother's Maiden Name <i>Sarah Hann</i>		Mother's Birthplace <i>Cornell Co</i>			
Name of person giving information <i>Sarah M. Hann</i>		How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>6 years</i>
Immediate <i>Obstructive disease</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. D. E. Hoff</i>
	Address <i>Union Bridge Md</i>
Accident or Suicide?	



Name
in
Full

Robert Hughes

CERTIFICATE OF DEATH

Town

County

Died at

Westminster

Carroll

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death

1905 Aug.

26

Age

—

7

—

Sex

Male

Color or
Race

Colored

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles Hughes

Father's
Birthplace

Md.

Mother's
Maiden Name

Minnie Patrick

Mother's
Birthplace

Md.

Name of person giving
Information

Charles Hughes

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

How long

4 mos.

Immediate

Exhaustion

How long

3 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Chas. R. Touch, M.D.

Westminster

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Western chapel, cemetery,
(Stoner.)

Stoner

Name
in
Full

Jones, Clarence, Calvin

CERTIFICATE OF DEATH

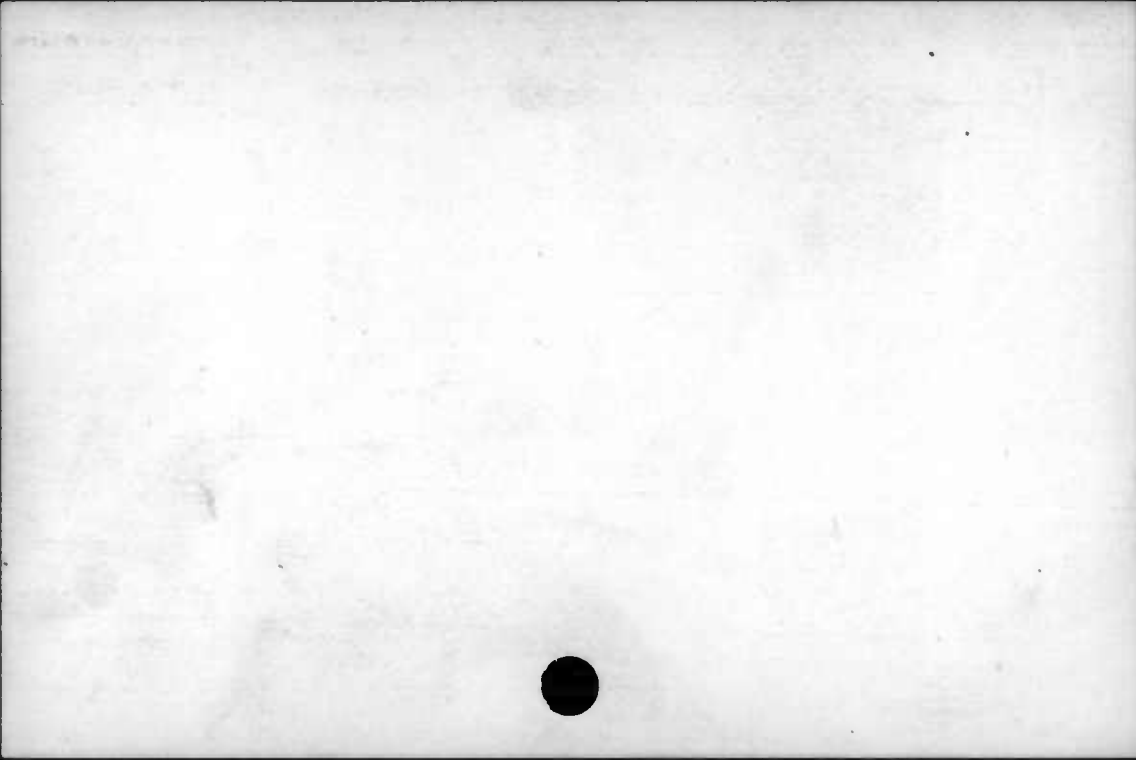
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dyersville		County Barrow		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		8	9		—	—	20
Sex		Color or Race		Birth-place			
Male		Colored		Md -			
Occupation				Where Residing if not at place of death			
none				—			
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name				Father's Birthplace			
Dorsey Jones				Md -			
Mother's Maiden Name				Mother's Birthplace			
Clara Danny May Thomas				Md -			
Name of person giving information				How related to deceased			
Dorsey Jones				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hydrocephalus	How long	20 days
Immediate	Convulsion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		M. Frank. Lucas M.D.	
		Address	
		Dyersville, Md	
Accident or Suicide?			
—			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John D. Lee</i>			Town <i>Warfieldsburg</i>		County <i>Carroll</i>		- MARYLAND		
Died at		Date of death <i>1905</i>		Month <i>Aug</i>	Day <i>16</i>	Age	Years	Months <i>4</i>	Days <i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md</i>					
Occupation				Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband							
Father's Name <i>Leri T. Lee</i>		Father's Birthplace <i>Carroll Co. Md</i>							
Mother's Maiden Name <i>Annie Haines</i>		Mother's Birthplace <i>" " "</i>							
Name of person giving information <i>Leri T. Lee</i>		How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 weeks</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos J. Coonan</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>_____</i>	

Stoner

Buick's Combs

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret Anna Lee</i>		Town <i>Westminster -</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Westminster -</i>		Month <i>Aug</i>		Day <i>3</i>		Years <i>37</i>	
Date of death <i>1905</i>		Month <i>Aug</i>		Day <i>3</i>		Age <i>37</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Carroll Co Md</i>		Months <i>2</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death		Days <i>4</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Lee</i>					
Father's Name <i>W. Lee</i>		Father's Birthplace					
Mother's Maiden Name <i>W. Lee</i>		Mother's Birthplace					
Name of person giving information <i>William Lee</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocarditis</i>	How long <i>17</i>
Immediate <i>Cardiac Syncope</i>	How long <i>2 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos. J. Henry</i>
	Address <i>Westminster Md.</i>
Accident or Suicide? <i>No</i>	

Slower

Name
in
Full

Robert Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Warfieldsburg</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Aug</i> ^{Month}	<i>17</i> ^{Day}	Age <i>7</i> ^{Years}	<i>7</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co. Md</i>			
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Leri. T. Lee</i>		Father's Birthplace <i>Carroll Co. Md</i>			
Mother's Maiden Name <i>May Haines</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Leri. T. Lee</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. J. Coon an</i>
	Address <i>W. C. H. S. S. S.</i>
Accident or Suicide?	

Baile's country

Shower.

Shower

Name
in
Full

Anna. E. Leister

CERTIFICATE OF DEATH

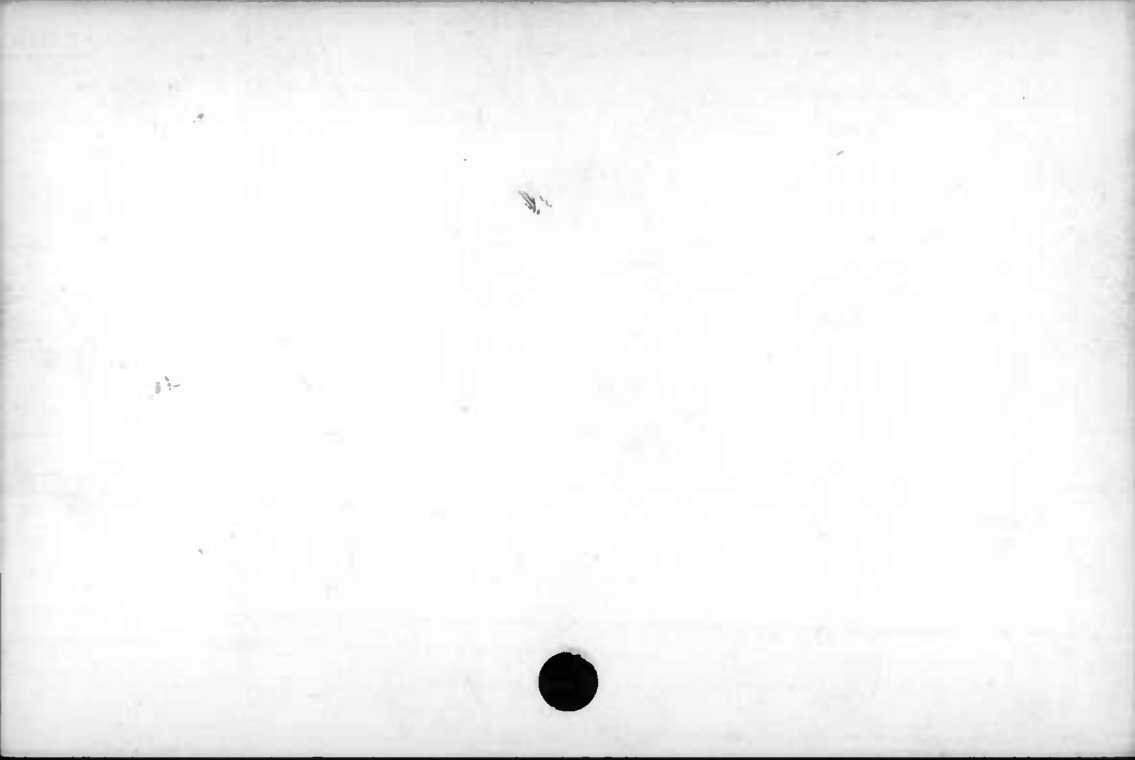
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lauver</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1903</i> Month <i>Aug</i>	Day <i>16</i>	Age <i>55</i> Years	Months	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jacob de Leister</i>				
Father's Name <i>Samuel Zeph</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Catharine Zimmerman</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Jacob de Leister</i>	How related to deceased <i>Husband</i>				

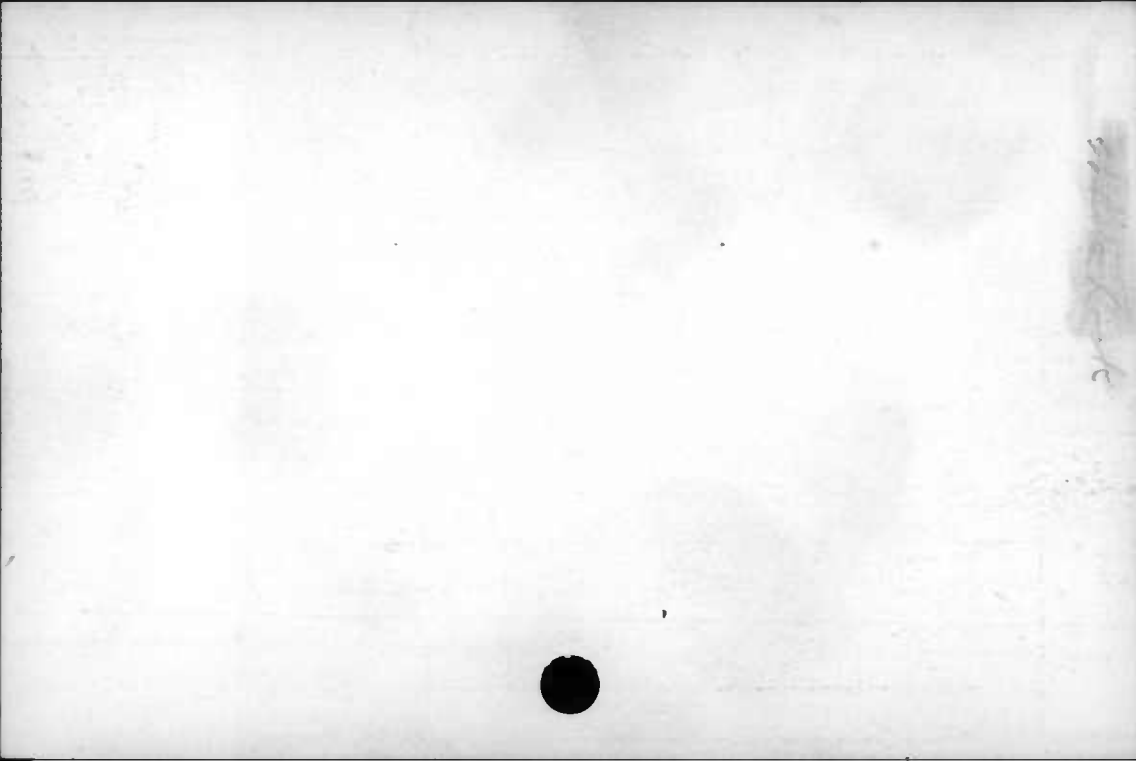
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>15h</i>
Immediate <i>Gastric Symp.</i>	How long <i>10 Mins</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos. T. Hering</i>
	Address <i>Westmonte Md</i>
Accident or Suicide? <i>—</i>	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Berrett</u> <small>Town</small>		<u>Carroll</u> <small>County</small>	
		Date of death <u>1905</u> <small>Month</small> <u>8</u> <small>Day</small> <u>15</u> <small>Age</small> <u>70</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <small>Days</small>		MARYLAND	
		Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>	
		Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Berrett</u>		
		Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>—</u>		
		Father's Name <u>Unknown / name Lindsay</u>	Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>George Lindsay</u>	How related to deceased <u>Son</u>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Senile Debility</u>		<u>54</u> <small>How long</small>	
	Immediate	<u>Senile Debility</u>		<u>—</u> <small>How long</small>	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. D. Croub</u>		
			Address <u>Winfield road</u>		
Accident or Suicide? <u>—</u>					



Name
in
Full

Margarettha Angela Lyons.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Louisville^{County} Carroll.Date
of death 1905Month
8.Day
31Age
YearsMonths
5Days
16

Sex Female.

Color or
Race WhiteBirth-
place Louisville

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles B. Lyons

Father's
Birthplace

Maryland

Mother's
Maiden Name

Annie M. Dooling

Mother's
Birthplace

Ireland

Name of person giving
In formation

Father.

How related
to deceased

CAUSES OF DEATH

Primary

Diphtheria

How long

about 2

Immediate

Marasmus

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

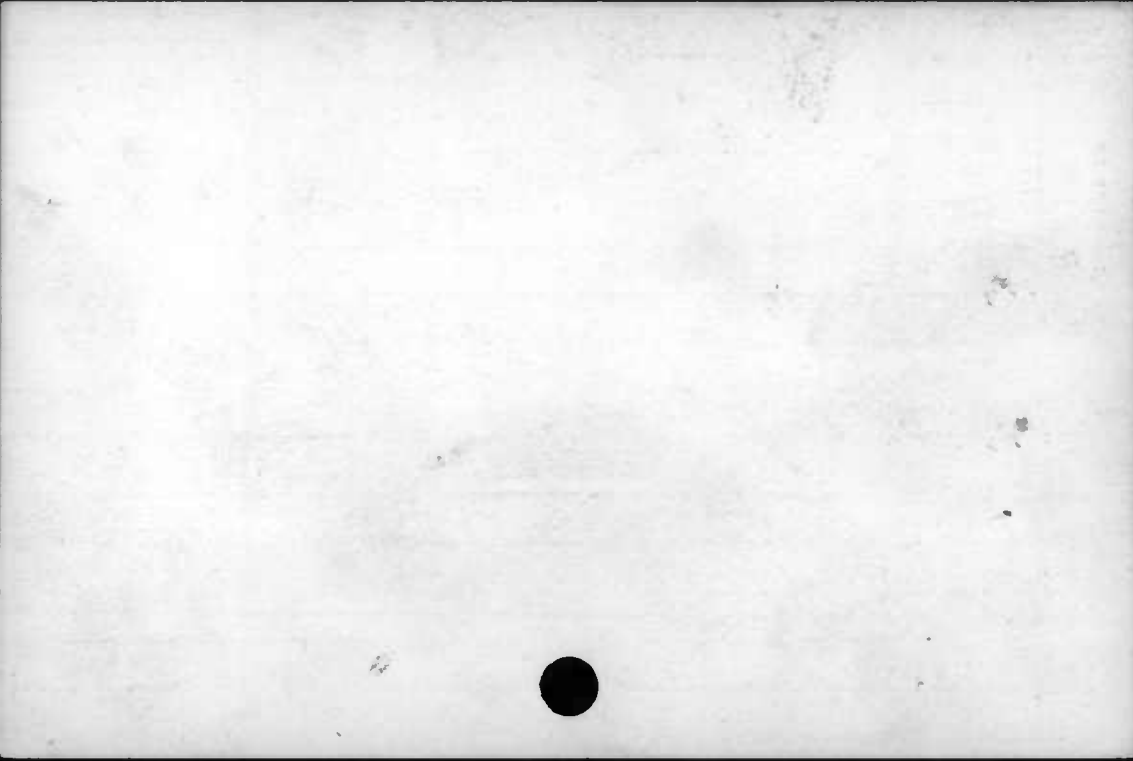
Address

W. H. Campbell

Carmichael, Ind.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Annie Gary* Town *48 Aug* County *Carroll* MARYLAND

Died at *48 Aug* Date of death 190 *5* Month *Aug* Day *34* Age *6* Years Months Days

Sex *female* Color or Race *white* Birth-place *—*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

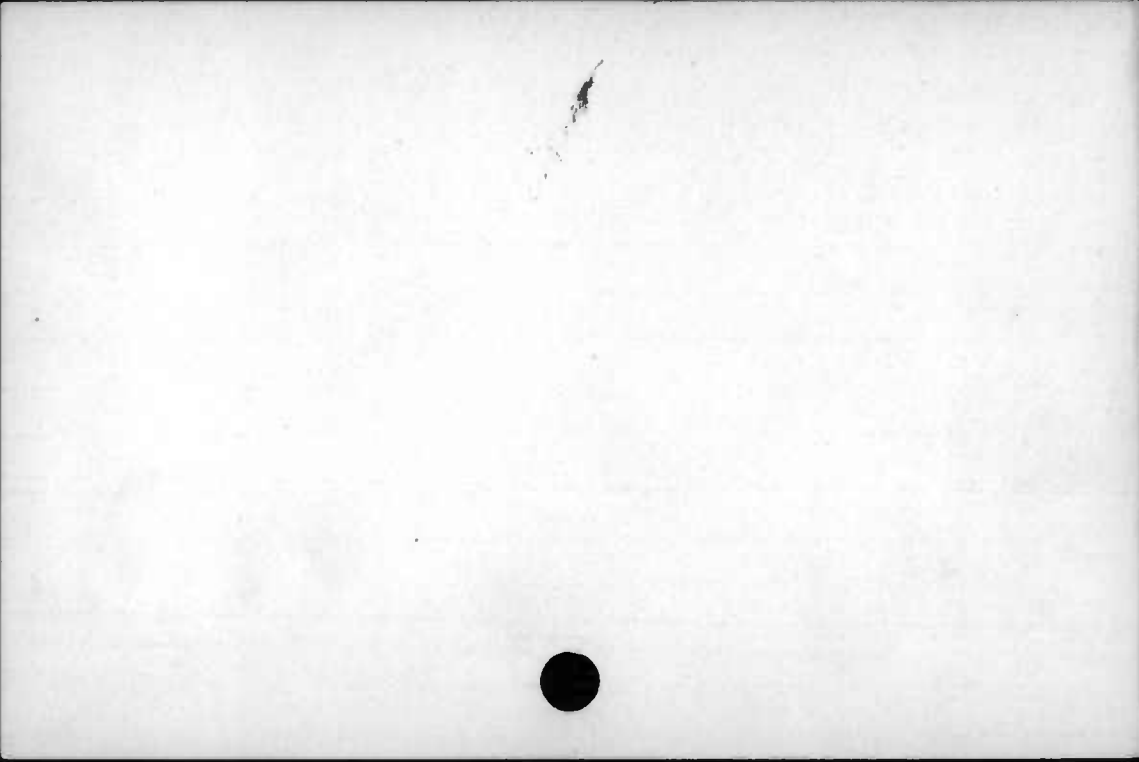
Primary *Malnutrition* How long *Since birth*

Immediate *Exhaustion* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *D. C. Burson M.D.*

Address *Garnett, Va.*

Accident or Suicide? *48 Aug*



Name
in
Full

Robert Massicott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster		^{County} Carroll		MARYLAND	
Date of death	1905	Month	Aug.	Day	20
Sex	male	Color or Race	white	Age	Years
Occupation				Months	Days
Where Residing if not at place of death			Birth-place Westminster Md		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	James Massicott J.			Father's Birthplace	Carroll Co.
Mother's Maiden Name	Maggie Cress			Mother's Birthplace	" "
Name of person giving information	Jas. Massicott			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thos. J. Coonan
		Address	Westminster
Accident or Suicide?			

St. Johns cemetery
(Stones)

Stones

Name
in
Full

Levi David Maus

CERTIFICATE OF DEATH

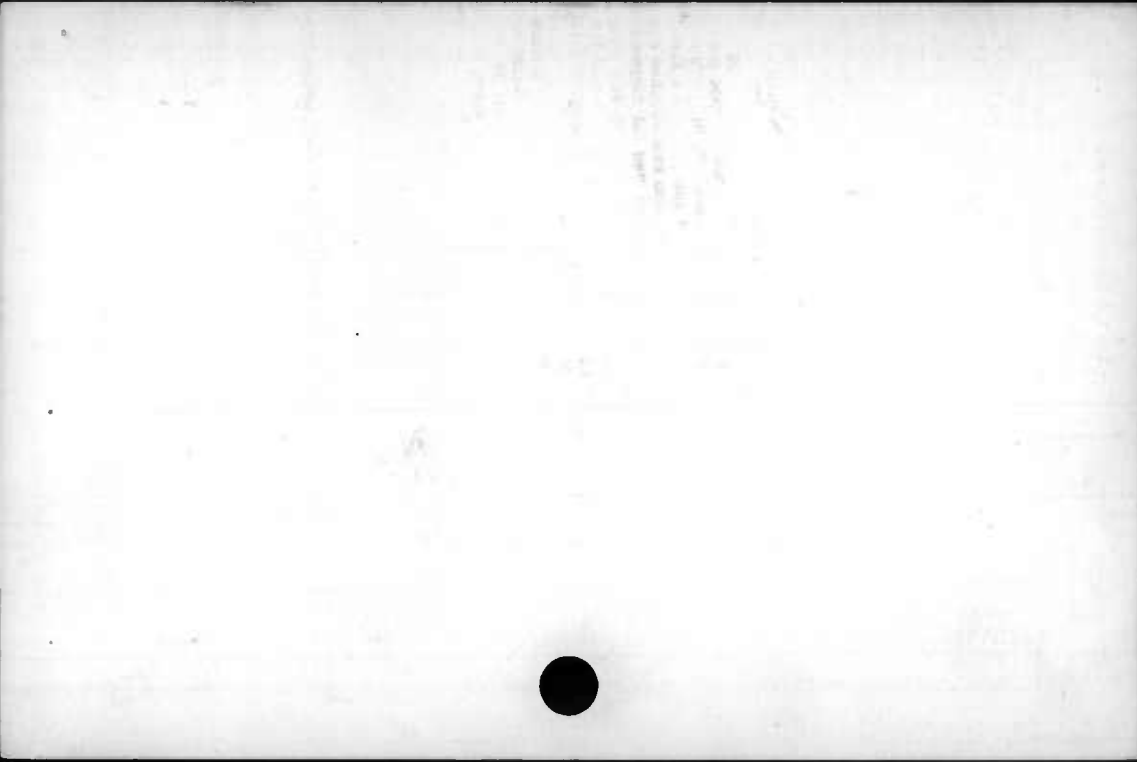
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Dyrone</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month <i>Aug.</i>	Day <i>15</i>	Years <i>76</i>	Months <i>9</i>	Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lydia A. Maus.</i>					
Father's Name <i>Jacob Maus</i>				Father's Birthplace			
Mother's Maiden Name <i>Sarah Hahy.</i>				Mother's Birthplace			
Name of person giving Information <i>Levi D. Maus Jr.</i>				How related to deceased <i>Son.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart disease & Dropsy</i>	How long	<i>one year</i>
Immediate	<i>Heart Failure</i>	How long	<i>very short-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>		Signature of Physician <i>Jacob Kinchard</i>	
		Address <i>Bozellburg Md</i>	
Accident or Suicide?			



Name
in
Full

Richard Mering ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Herrington		County Carroll Co.		MARYLAND	
Date of death		Month Aug.	Day 10	Years 75-		Months 1	Days 27
Sex Male		Color or Race White -		Birth-place Herrin Bridge			
Occupation Speculator		Where Residing if not at place of death Sunny bank					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name William Mering		Father's Birthplace Bucaville					
Mother's Maiden Name Mary Ann to Huffman		Mother's Birthplace Harrisville					
Name of person giving information Geo. J. Mering		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malignant Tumor	How long	One year
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. H. Keen	
		Address	
		Herrington Md	
Accident or Suicide?			



Name
in
Full

Paul Howard Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Maple Grove		County Carroll		MARYLAND	
Date of death	1905	Month Aug	Day 14	Age	Years	Months 4	Days 21
Sex	male		Color or Race	White		Birth- place	Maple Grove
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Sammil Miller			Father's Birthplace	
Mother's Maiden Name			Florence May Shaffer			Mother's Birthplace	
Name of person giving In formation						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Three months
Immediate	Deamition	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?		J. A. Preston M.D. Manchester, N.H.	



Name
in
Full

David Morrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Springfield Hospital, ^{County} Sykesville, Carroll Co.

MARYLAND

Date of death 1905 ^{Month} 8th ^{Day} 9th ^{Years} Age 65 ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} Maryland.Occupation Not Known ^{Where Residing if not at place of death}Married, Single ^{Name of Wife or Husband} Mrs. David MorrowFather's Name Dead ^{Father's Birthplace}Mother's Maiden Name Dead ^{Mother's Birthplace}Name of person giving information ^{How related to deceased} none

CAUSES OF DEATH

Primary Post epileptic Insanity ^{How long} 8 yrs.Immediate Exhaustion ^{How long}

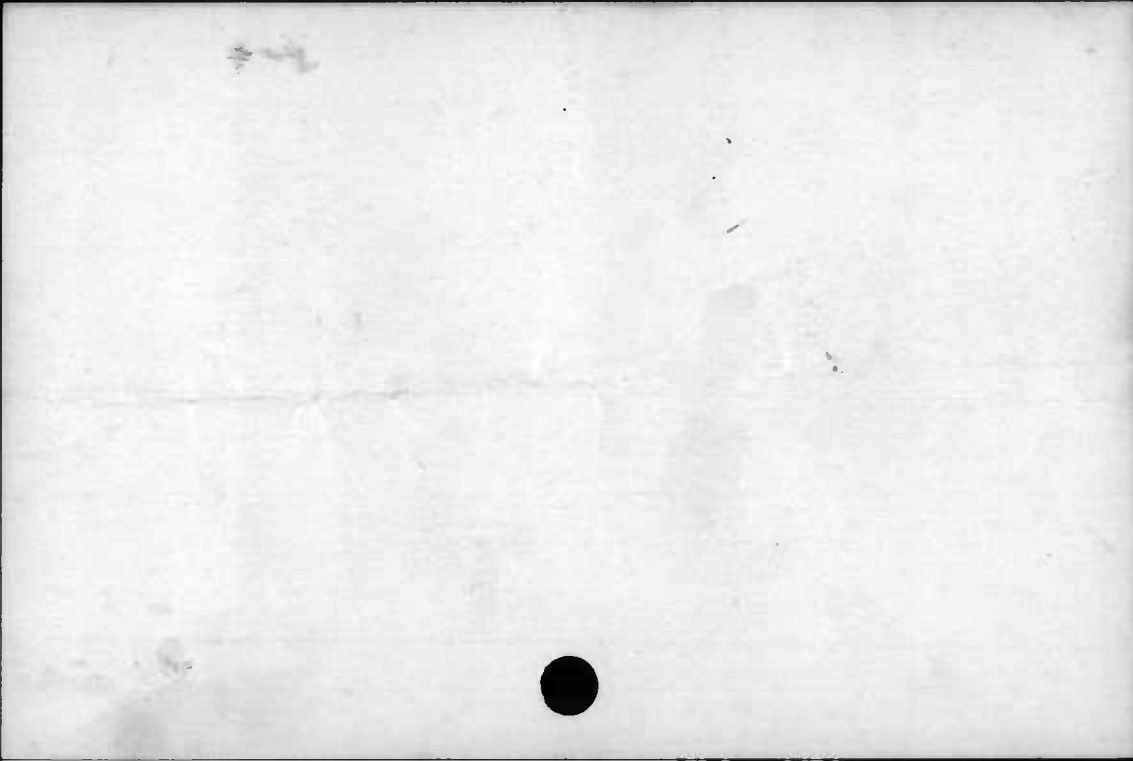
Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician J. C. Clarke M.D.

Address Sykesville

Accident or Suicide?

d.



Name
in
Full

CERTIFICATE OF DEATH

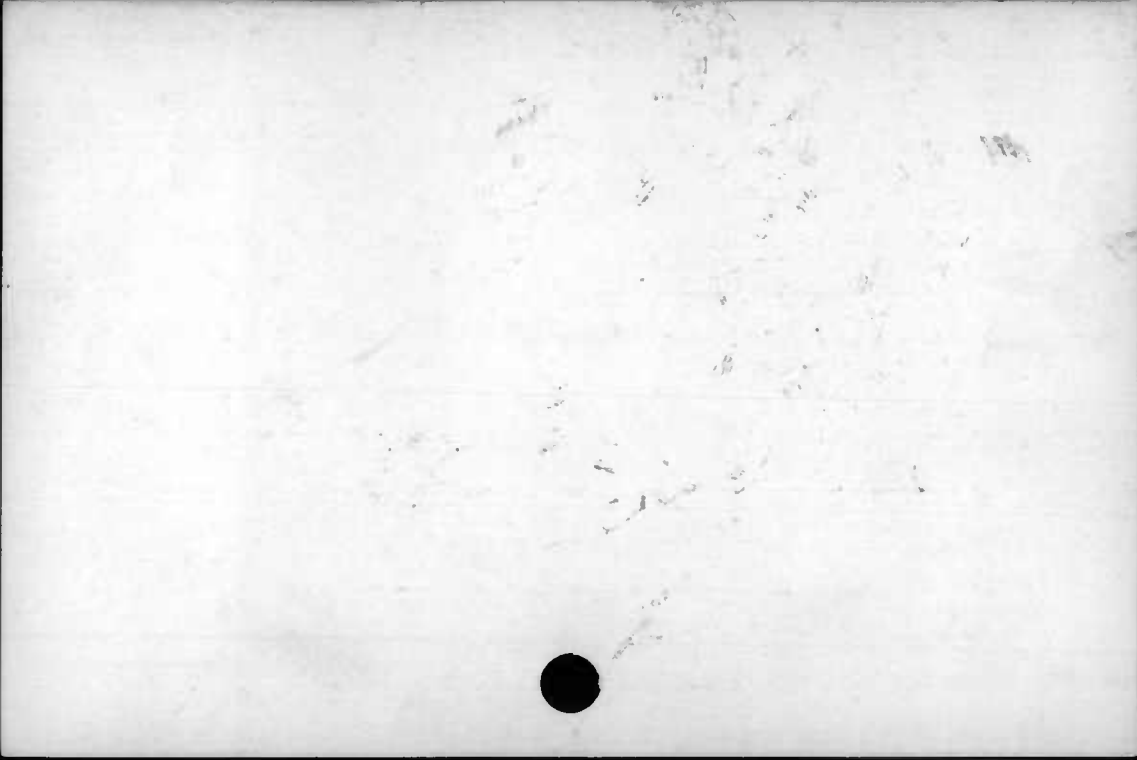
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full George Mummert		Town Marshall		County Carroll		MARYLAND	
Died 8-18		Month Aug		Day 18		Years 46	
Date of death 1903		Age 46		Months 8		Days 4	
Sex male		Color or Race white		Birth-place Rondelle Adams			
Occupation Agent		Where Residing if not at place of death Philadelphia					
Married, yes		Name of Wife or Husband Mary E. Wills					
Father's Name Josephus Mummert		Father's Birthplace Adams Co Pa					
Mother's Maiden Name Arminie Geigler		Mother's Birthplace York Co, Pa					
Name of person giving information Mrs Jeremiah Fulman		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever	How long 7 weeks
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. H. Sherman M.D.
	Address Manchester Md
Accident or Suicide?	



Name
in
Full

Harriet Myers

CERTIFICATE OF DEATH

Died at ^{Town} Westminister ^{County} Carroll

MARYLAND

Date of death 1905 ^{Month} Aug ^{Day} 9 ^{Age} 83 ^{Years} ^{Months} 7 ^{Days} 10

Sex Female ^{Color or Race} White ^{Birth-place} Carroll Co Md

Occupation None ^{Where Residing if not at place of death}

Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name Samuel E Myers ^{Father's Birthplace} Dont Know

Mother's Maiden Name ^{Mother's Birthplace} 17 "

Name of person giving information Pierce Akers ^{How related to deceased} Friend

CAUSES OF DEATH

Primary Fall. ^{How long} 10 days

Immediate Heart Failure ^{How long} 2 hours

Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} John S. Mathis

^{Address} Westminister Md.

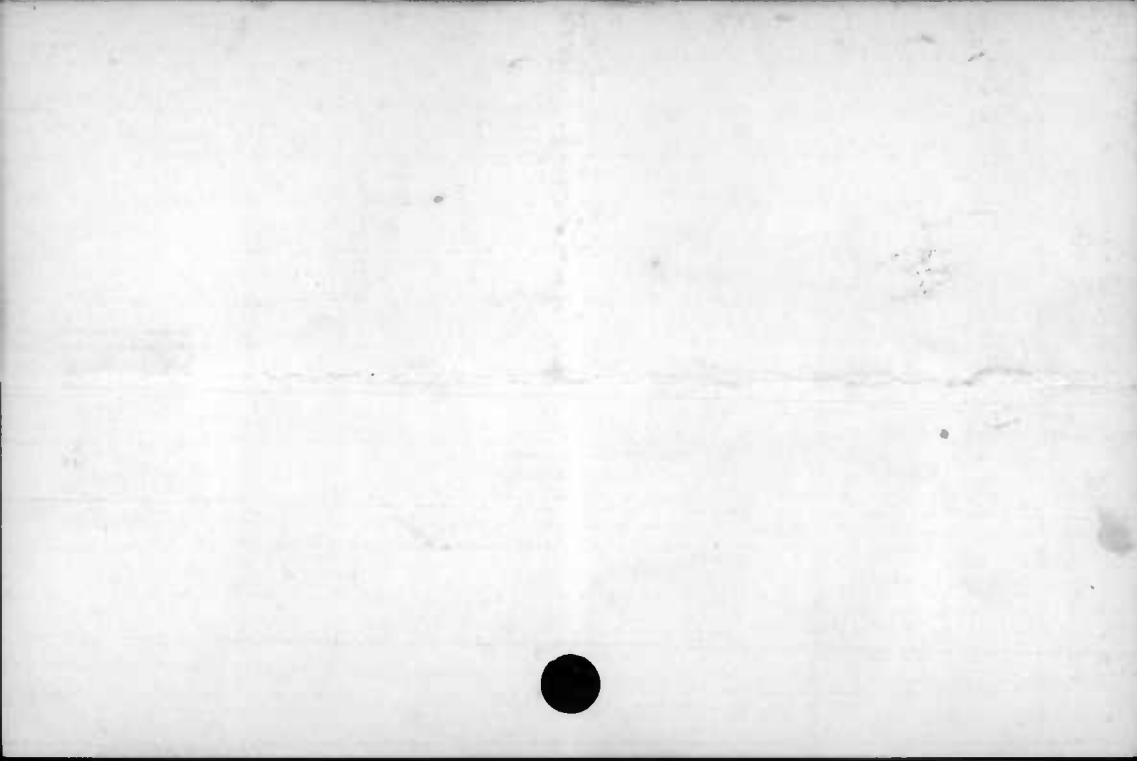
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

St. Louis
Madison County

Name in Full Daniel Null		CERTIFICATE OF DEATH			
Died at Hampstead ^{Town}		Carroll ^{County}		MARYLAND	
Date of death 190 5	Month 8	Day 10	Age 95	Months 6	Days 10
Sex Male	Color or Race White		Birth-place Balto. County		
Married, Single or Widowed		Occupation Black smith			
Name of Wife or Husband Sarah Dabrympee null					
Father's Name Null			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information Bro. R. Rupp			How related to deceased		
CAUSES OF DEATH					
Primary Old Age			How long 154		
Immediate General Prostration			How long Several weeks		
Are the name, age, sex, color, date and place correctly given above? yes			Signature of Physician R. C. Wells		
			Address Hampstead, Md.		
Accident or Suicide?					



Name
in
Full

Richard Owings

CERTIFICATE OF DEATH

Died at ^{Town} <i>Near Warfieldsbury</i> ^{County} <i>Carroll</i>		MARYLAND					
Date of death	1905	Month <i>Aug</i>	Day <i>8</i>	Age <i>65</i>	Years	Months <i>10</i>	Days <i>5</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Carroll Co Md</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Francis Elizabeth Owings</i>			
Father's Name	<i>Geo R Owings</i>				Father's Birthplace	<i>Carroll Co Md</i>	
Mother's Maiden Name	<i>Elizabeth Mohroe</i>				Mother's Birthplace	<i>" " "</i>	
Name of person giving information	<i>Richard Owings</i>				How related to deceased	<i>Nephew</i>	

CAUSES OF DEATH

Primary	<i>Bronchitis</i>	How long	<i>2 years</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos J. Coorian</i>
		Address	<i>West...</i>
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

~~Stonier~~
Stone chapel

Name
in
Full

CERTIFICATE OF DEATH

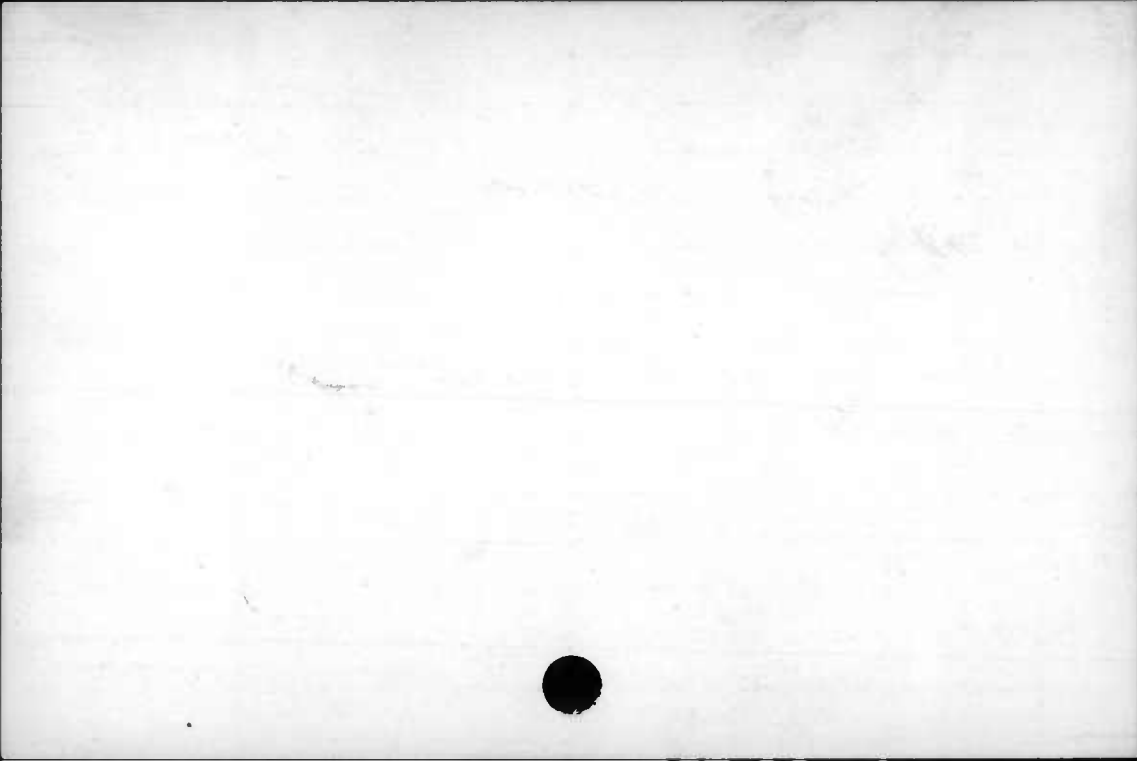
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joseph Powell		Town Westminster		County Carroll		MARYLAND					
Died at Westminster		Month Aug.		Day 31		Years 1		Months 2		Days —	
Date of death 1905		Sex Male		Color or Race Colored		Birth-place Maryland					
Occupation —				Where Residing if not at place of death —							
Married, Single or Widowed Single		Name of Wife or Husband —									
Father's Name Alexander Squire		Father's Birthplace Maryland									
Mother's Maiden Name Nannah Powell		Mother's Birthplace —									
Name of person giving information William Powell		How related to deceased Grandfather									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastro-Enteritis	How long 1 month
Immediate Convulsions	How long 1 1/2 hrs.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Jos. T. Hersey
	Address Westminster
	MD.
Accident or Suicide?	



in Full)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hampstead</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>8.</i>	Day <i>17</i>	Age <i>17</i> Years	Months <i>6</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Elizabeth Rile</i>					
Father's Name <i>John Rile</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Geo Rile</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility.</i>	How long <i>2 yrs.</i>
Immediate <i>Acute Diarrhoea.</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edgar M. Bush, M.D.</i>
	Address <i>Hampstead, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Mrs Eliza Shreve*
 Died at *New Windsor* ^{Town} *Carroll* ^{County}

Date of death *1905* ^{Month} *Aug* ^{Day} *28* ^{Age} *66* ^{Years} *2* ^{Months} *17* ^{Days}

Sex *Female* Color or Race *W* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death *New Windsor*

~~Married, Single~~ ~~or Widowed~~ Name of Wife or Husband *Alfred Shreve*

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *E. E. Musbaum* How related to deceased *Son in law*

CAUSES OF DEATH

Primary *Consumption*  How long *3 years*

Immediate *Complication - Tuberculosis* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Gleibman M.D.*

Address *New Windsor Md.*

Accident or Suicide? ☒ Accident ☐ Suicide



Name
in
Full

Chas. R. Sorden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital - Sykesville, Carroll</i>		Town <i>Springfield</i> County <i>Carroll</i>		MARYLAND	
Date of death <i>190</i>	Month <i>8th</i>	Day <i>24th</i>	Years <i>33</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>William Sorden</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Sallie Ricket</i>	Mother's Birthplace <i>Delaware</i>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>17 days.</i>
Immediate <i>Exhaustion + abscess Liver</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Henry Fisher M.D.</i>
	Address <i>Sykesville Md.</i>
Accident or Suicide?	



Name
in
Full

A. Upshur Sterling

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Springfield Hospital ^{County} Sykesville, CarrollDate of death 1905 ^{Month} 8th ^{Day} 9th ^{Years} Age 43 ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} Baeto. Md.^{Occupation} Not Known ^{Where Residing if not at place of death}^{Married, Single, Widowed, Divorced} Divorced ^{Name of Wife or Husband}^{Father's Name} Archibald Sterling (Dead)^{Father's Birthplace}^{Mother's Maiden Name} Dead -^{Mother's Birthplace}^{Name of person giving information}^{How related to deceased}

CAUSES OF DEATH

^{Primary} Typhoid Fever^{How long}^{Immediate} Profound toxemia in Typhoid fever^{How long}

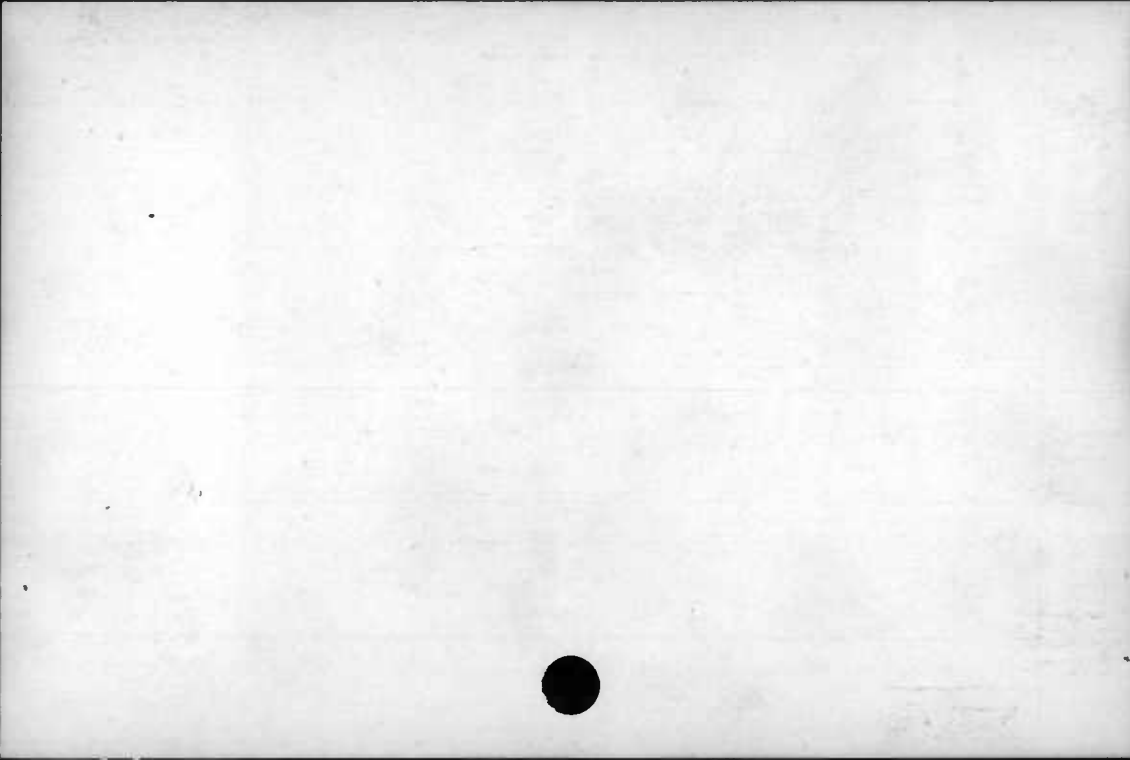
Are the name, age, sex, color, date and place correctly given above?

yes

^{Signature of Physician}^{Address}J. Clement Clark
Sykesville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Name *Margaret E. Tracy*

Died at *Westminster* Town *Carroll* County

Date of death *1905 August 15* Month *15* Day *45* Age *3* Months *—* Days

Sex *Female* Color or Race *White* Birth-place *Westminster*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Widowed* Name of Wife or Husband *E. Franklin Tracy (Deceased)*

Father's Name *Wm E. Ruchhart* Father's Birthplace *Westminster*

Mother's Maiden Name *Caroline Byers* Mother's Birthplace *Md*

Name of person giving information *J. Paul Wainz* How related to deceased *Son-in-law*

CAUSES OF DEATH

Primary

*Accident*How long *—*

Immediate

*apoplexy*How long *—*

Are the name, age, sex, color, date and place correctly given above?

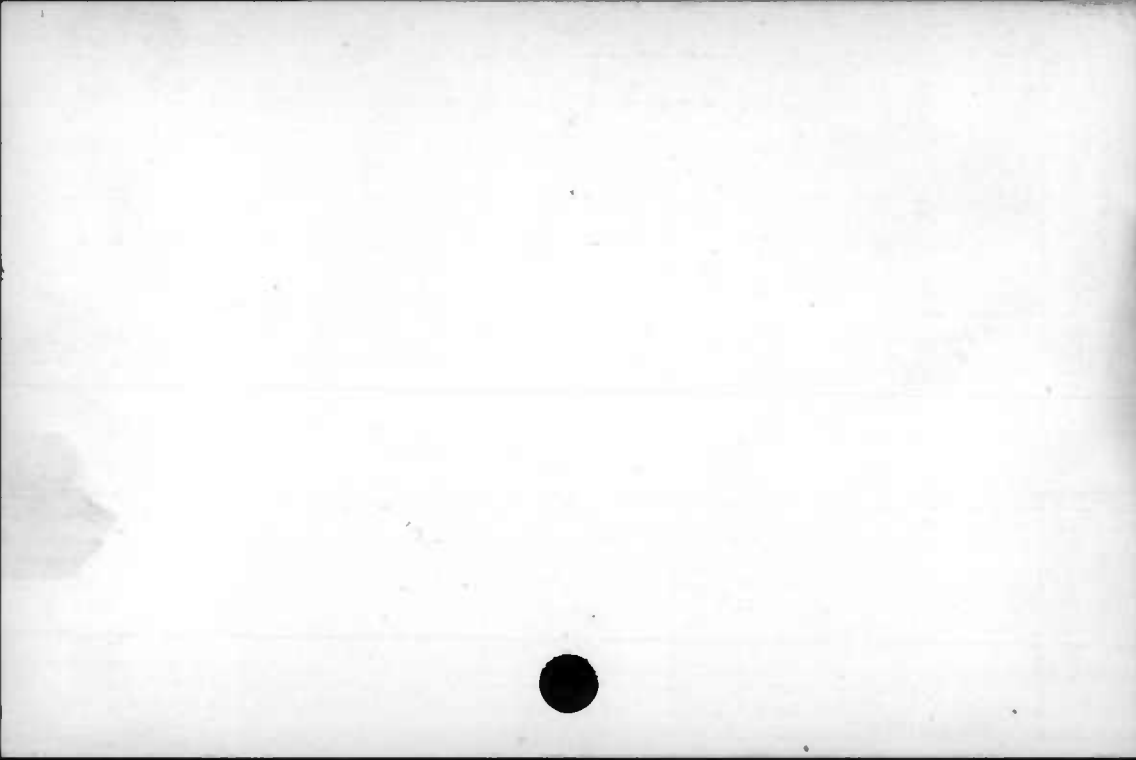
yes

Signature of physician

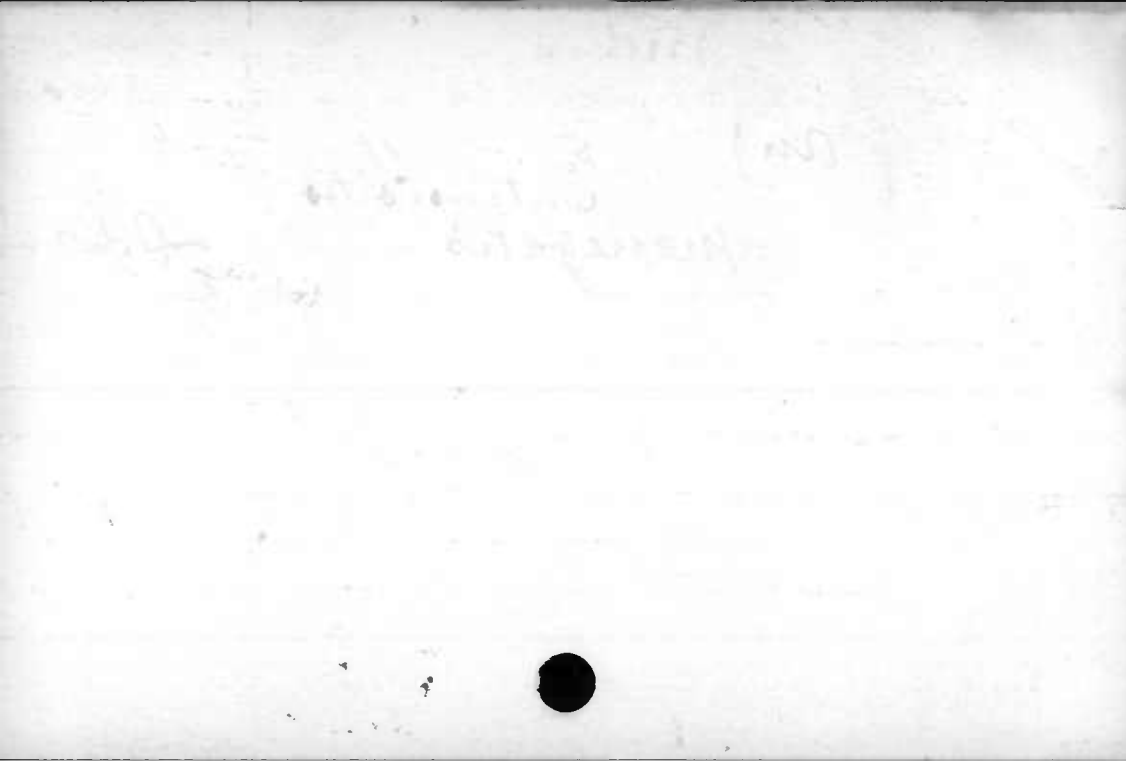
Address

Chas. R. Foutz, M.D.
Westminster
Md

Accident or ~~suicide~~



Name in Full		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bruceville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>	
	Date of death <i>1905 Aug. 16</i>		Age <i>4</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Bruceville Md.</i>	
	Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed	Name of Wife or Husband <i>—</i>		
	Father's Name <i>Bruce Carroll Heant</i>	Father's Birthplace <i>Bruceville, Md.</i>		
	Mother's Maiden Name <i>Saura Stone</i>	Mother's Birthplace <i>Hartsville, Md.</i>		
Name of person giving information <i>Mervin Heant</i>	How related to deceased <i>Uncle</i>			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <i>Enterocolitis</i>	How long <i>10 days</i>	<i>106</i>	
	Immediate <i>Meningitis</i>	How long <i>4 "</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. H. Diller</i>	Address <i>D. P. Dyer's, Maryland.</i>	
	Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joshua. Wilson		Town Gamber		County Carroll		State MARYLAND	
Date of death 1905		Month Aug	Day 7	Age 82	Years 1	Months 24	Days 24
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Farmer		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Mary Griffe					
Father's Name John Wilson		Father's Birthplace Maryland					
Mother's Maiden Name Pure M. Lee		Mother's Birthplace do					
Name of person giving information William Wilson		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old Age	How long 154
Immediate Heart Failure	How long 5 min.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician S. N. Gorsuch, M.D.
	Address Gamber Md.
Accident or Suicide? —	

Shannon

Harvey Brown

Name in Full

Certificate of Death

Mary H Wilson

Town

County

Died at

Manchester

Carroll

MARYLAND

Date

1905-

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 27

Age

46

5-29

Maryland

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

Brook-S Harris

How long sick

7 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J H Sherman M.D.

Manchester

Carroll Co Md

LIBRARY BUREAU, 79898



Name
in
Full

Ida May Wright

CERTIFICATE OF DEATH

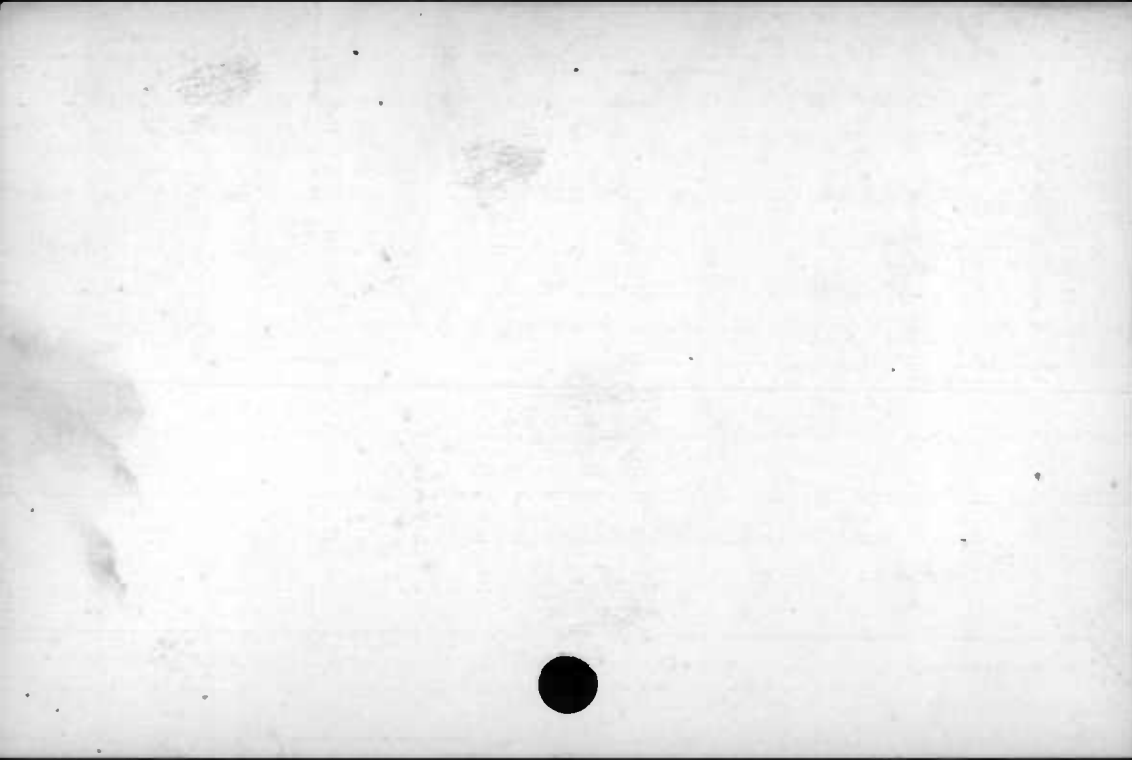
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1905	Month	Aug	Day	8
Age	Years		3	Months	12
Sex	Female		Color or Race	White	
Occupation			Birth-place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Daniel A Wright		Father's Birthplace	Maryland	
Mother's Maiden Name	Louisa M Gardner		Mother's Birthplace	"	
Name of person giving information	Daniel A Wright		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Spina Bifida</i>		How long	<i>3 mos -</i>
Immediate	<i>Marasmus</i>		How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>ye</i>	Signature of Physician	
			<i>Chas. R. Foutz M.D.</i>	
			Address	
			<i>Westminster, Md.</i>	
Accident or Suicide? <i>_____</i>				



Name
in
Full

Thomas Page Broth.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1905	Month	August	Day	11
Age		17		Months	9
Sex		male		Color or Race	white
Occupation		Clerk		Birth-place	Baltimore, Md.
Where Residing if not at place of death		215 C. Preston St. Balto.			
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Peregine Broth			Father's Birthplace	Bent Co. Md.
Mother's Maiden Name	Mary A. Counselman			Mother's Birthplace	Missouri
Name of person giving information	Lawrence C. Broth			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bathing</i>	How long	—
Immediate	<i>drowning</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas R. Frost</i>
		Address	<i>Westminster</i>
			<i>Md.</i>
Accident or Suicide	<i>—</i>		

